



**DEPARTMENT OF POLICE SERVICES  
TOWN OF HAMDEN  
2900 DIXWELL AVENUE  
HAMDEN, CONNECTICUT 06518**



LICENSE NUMBER: \_\_\_\_\_ (ISSUED BY POLICE DEPARTMENT)

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

# APPLICATION FOR: VENDORS LICENSE

*INSTRUCTIONS FOR APPLICANT (PRINT OR TYPE)*

- 1. **ANSWER ALL QUESTIONS.** If additional space is required use a plain white 8½” x 11” paper.
- 2. Applicant must submit (2) two current passport size, color photographs. (2”x2” photos) **NO CROPPING** of regular size photos.
- 3. Applicants must be fingerprinted by the Hamden Police for
  - ☞ Hamden Police Applicant Card \$10 fee (Cash or Check) Payable to “Town of Hamden”
  - ☞ State of CT Applicant \$50 fee (Bank check or Money Order) Payable to “Commissioner of Public Safety”
- 4. Applicant must be present a current state of Connecticut Sales Tax Certificate.
- 5. Applicant must show positive proof of Identification.
- 6. Fee for Vendor License is \$200. ***Make check payable to “Town of Hamden”*** All vendor licenses expire on \_\_\_\_\_

**FINGERPRINTING SCHEDULE**  
HAMDEN RESIDENTS  
**ONLY**

***TUESDAY, WEDNESDAY, THURSDAY 8:00AM to 10:00 and 4:00pm to 6:00 pm***

Applicant’s Name: \_\_\_\_\_  
LAST
FIRST
M.I.

Home Address: \_\_\_\_\_  
Number
Street
City/Town
State
Zip Code

Home Telephone: (    ) \_\_\_\_\_ Business Telephone: (    ) \_\_\_\_\_

List any other places of residence during the past (5) years. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City/Town)
(State)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars, Marks, Tattoo's \_\_\_\_\_

(Describe & Location)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

State of Connecticut Sales Tax Number: \_\_\_\_\_

### ADDITIONAL APPLICANT INFORMATION

Have you used any other name(s) in the past?  Yes  No

If yes, List the Name(s): \_\_\_\_\_

Have you ever been arrested for any criminal or motor vehicle offense?  Yes  No

If the answer to the previous questions is YES, then list ALL such ARREST and the DISPOSITIONS below: (Use separate piece of paper if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Any Other Towns/Cities Where you have a valid permit to conduct similar business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a State of Connecticut Vendors Permit?  Yes  No

(If you have a State of Connecticut Vendors Permit, Please attach a copy with this application)

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER STREET CITY/TOWN STATE ZIPCODE

How many years has business been in existence: \_\_\_\_\_

Has your business been conducted in any other name during the past (7) seven years?  Yes  No

If yes: Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

NUMBER STREET CITY/TOWN STATE ZIPCODE

Describe **IN DETAIL** the **GOODS, WARES,** or **OTHER MERCHANDISE** to be offered for Sale:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the location of the building structure or parcel of real estate that will be used for the exhibition and sale of such goods, wares, and merchandise:

\_\_\_\_\_  
\_\_\_\_\_

If a **MOTOR VEHICLE** is to be used in the vending of delivery of any items, please complete the vehicle information request below:

VEHICLE #1

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

Color: \_\_\_\_\_ Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

VEHICLE #1

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

Color: \_\_\_\_\_ Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

VEHICLE #1

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

Color: \_\_\_\_\_ Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

# CONNECTICUT STATE STATUTE 53A-157. FALSE STATEMENT:

Class A Misdemeanor.

A person is guilty of False Statement when he/she intentionally makes a False Written Statement under oath or pursuant to a form bearing notice, authorized by law, to effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his/her official function.

The penalty for a Class A Misdemeanor is Imprisonment for a term not to exceed one year, or a fine not to exceed \$1,000.00 or both a fine and imprisonment. (Section 53a-28(b),53a36, and 53a-42)

I DECLARE UNDER THE PENALTIES OF FALSE STATEMENT, THAT THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

*SUBSCRIBED TO AND SWORN TO BEFORE ME*

*THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2010*

*NOTARY PUBLIC \_\_\_\_\_*

*MY COMMISSION EXPIRES: \_\_\_\_\_*

---

---

(POLICE USE ONLY)

TYPE OF IDENTIFICATION: \_\_\_\_\_ PHOTOGRAPHS SUBMITTED:  YES  NO

FINGERPRINTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SENT TO STATE POLICE \_\_\_\_\_

FINGERPRINT CHECK RETURNED BY STATE POLICE \_\_\_\_\_ RESULTS \_\_\_\_\_

SPRC DONE (DATE) \_\_\_\_\_ HAMDEN POLICE SPECIAL INVESTIGATORY CHECK DONE DATE) \_\_\_\_\_

N.C.I.C CHECK DONE (DATE) \_\_\_\_\_ OFFICER CONDUCTING INVESTIGATION \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE.  
(CHIEF OF POLICE OR DESIGNEE)

APPROVED BY \_\_\_\_\_ DAY OF \_\_\_\_\_, 2010

FEE REQUIRED  YES  NO AMOUNT \$ \_\_\_\_\_ PAID ON (DATE) \_\_\_\_\_