

Town of EAST HAVEN

250 MAIN STREET STREET • EAST HAVEN, CONNECTICUT 06512

Joseph Carfora

Mayor



FOR INTERNAL USE ONLY

Date Received by Chief of Police: _____

Decision Date (*within 10 business days*): _____

APPLICATION TO VEND

Section 1 - Type of License Requested (☒ check ONE)

☐ Walking Vendor

☐ Mobile Vendor

☐ Managing Itinerant Vendor

Section 2 - Basic Information about Applicant

| | | | | | |
|---------------------------|-----------|---|--|------------|--|
| a. Name of Applicant: | | <i>Recent passport-type photograph of applicant</i> | | | |
| b. Address of Applicant: | | | | | |
| c. City, State, Zip Code: | | | | | |
| d. Telephone Number: | () | | | | |
| e. Date of Birth: | | f. Height: | | g. Weight: | |

Section 3 - Basic Information about Business Applicant/Employer (if any)

| | |
|---|-----------|
| a. Name of Business: <i>(If applicant is a business, specify the principals or principal of business as well on a separate sheet of paper)</i> | |
| b. Federal Tax ID No.: | |
| c. Address: | |
| d. City, State, Zip Code: | |
| e. Telephone Number: | () |
| f. State of Incorporation <i>(if any)</i> | |
| g. Applicant's Title <i>(in relation to business)</i> : | |
| h. Supervisor's Name: | |
| i. Supervisor's Full Address: | |

Section 4 - Additional Information Required

- a. Has the applicant, company, or listed employees/supervisors ever applied for or held a license to vend in the Town of East Haven? If yes, please explain on a separate sheet of paper.

☐ YES ☐ NO

- b. Describe, in detail, the nature, quality, and source of the goods to be offered for sale, including approximate invoice value, whether the same will be sold from existing stock, by sample or future delivery, where and by whom they are produced, and the location (at this time) of the merchandise to be sold. Use a separate piece of paper if necessary.

- c. Describe, in detail, the proposed method of sale, the type of advertising, and the method of distribution. Describe the areas and duration of time sales are proposed to take place within the Town of East Haven.

- d. Has the applicant, any listed representative of the company and/or any officers of the company ever been convicted of any crime, misdemeanor, violated a city ordinance, or had a license to solicit or vend revoked for cause either in the Town of East Haven or elsewhere? If yes, please explain.

☐ YES ☐ NO

Explanation *(if necessary)*:

- e. Is any special license or permit required to vend or sell the goods you propose to sell? If so, please attach a copy of the license or permit.

☐ YES ☐ NO

Section 5 - Location(s)/Time(s) of Vending

| | |
|---|--|
| a. Specific date(s) that vending is requested to be allowed: | |
| b. Specific time(s) that vending is requested to be allowed: | |
| c. Specific location(s) (streets, areas, etc.) where vending will take place: | |

Section 6 - Additional Information for Mobile Vendor Applications ONLY

| | |
|--|--|
| a. Make and Model of Vehicle to be Used: | |
| b. Year of Vehicle to be Used: | |
| c. License Plate of Vehicle to Be Used: | |
| d. Vehicle Identification No. (VIN): | |
| e. Describe any markings, logo, or indicia on the vehicle: | |

Section 7 - Additional Information for Managing Itinerant Vendors ONLY

a. Attach a list of all participating itinerant vendors including the following for each itinerant vendor:

1. Full name of each itinerant vendor
2. Date of birth
3. Home address (including city, state, and zip code)
4. Work/business address (including city, state, and zip code)
5. Social Security number or EIN
6. State tax ID number (if any)
7. Items to be sold

b. Please read and sign below acknowledging agreement with the following statement:

“As a managing itinerant vendor, I understand and agree that I shall be responsible for the conduct of vendors under my control to ensure they conduct themselves in a peaceable, orderly and lawful manner. I further understand that it shall be my responsibility to ensure that all vendors working under my control and pursuant to any license granted based on this application have valid food and health permits if applicable.”

Signature of Applicant

Date

Section 8 - Signature and Statement of Applicant

“I swear that the information contained in this application and in the supporting documents attached hereto is true and correct to the best of my knowledge, information, and belief.”

Signature of Applicant

Date

CLEARLY Print Name: _____