

INFORMATION AND INSTRUCTIONS – APPLICANTS FOR PEDDLERS/SOLICITORS PERMIT

APPLICANTS FOR PEDDLERS PERMIT:

You will need to present a valid driver's license or State issued ID card when submitting your application.

You will need to provide a copy of your valid Connecticut Tax Identification Sales and Use Permit.

If you will be selling food items, you will need to obtain approval from the Town of Stonington Health Inspector and submit proof of approval with this application.

If you wish to sell your items on Town property (i.e., Donahue Park, Town Dock), you will need to get permission in writing from the Board of Selectman and submit it with this application.

You must have insurance naming the Town of Stonington as an additional insured on your agency/organization's Commercial General Liability and Auto policies and it must be so stated on the certificate. The certificate must be submitted with this application.

The fee for a Peddlers Permit is \$25.00. Please make check payable to "Town of Stonington"

Permit will expire on December 31st succeeding the date of its issuance.

APPLICANTS FOR SOLICITORS PERMIT:

If you have a large group that will be soliciting, please have each member soliciting complete an application.

A valid driver's license will need to be submitted with each application.

Please provide as much information as possible regarding your organization and what you will be selling.

The fee for a Solicitors Permit is \$15.00 per group or organization. Please make check payable to "Town of Stonington"

Permits will expire one (1) year from the date of its issuance.

*****IT MAY TAKE UP TO 3 BUSINESS DAYS FOR APPLICATIONS TO BE PROCESSED AND PERMITS TO BE ISSUED*****

ANY APPLICANT WHO HAS A FELONY CONVICTION WILL NOT BE ISSUED A PERMIT.

APPLICATION CHECKLIST

Before submitting your application.....

_____ **Have I answered all questions completely?**

_____ **Did I make a copy of my drivers license to submit with application?**

_____ **Did I have my application notarized?**

_____ **Did I include information on what I will be selling/soliciting orders for?**

_____ **Did I include a check or money order for permit fee?**

*****NOTE: IF ANY OF THE ABOVE ARE MISSING OR QUESTIONS ARE NOT ANSWERED, IT
WILL DELAY YOUR PERMIT APPROVAL*****

DATE: _____

SPD CASE #: _____

**TOWN OF STONINGTON
DEPARTMENT OF POLICE SERVICE**

APPLICATION FOR PEDDLERS/SOLICITORS PERMIT

Name of Applicant:

_____ D.O.B.: _____
Last First M.I.

Residential Address (P.O. Boxes Not Acceptable):

_____ Years at Residence? _____
City State Zip Code

_____ Mailing Address (If Different From Above)

_____ Local (Town of Stonington) Address – If Applicable

Home Phone: _____ Cell Phone: _____ Work: _____

Employment History: List Employers for the Last 2 Years (Provide employer's name, address & telephone number – Attach additional sheet(s), if necessary)

1. _____

2. _____

Which type of permit are you applying for? ____ Solicitors ____ Peddlers

For Solicitors Permit:

Name, Address and Phone Number of person/company for whom or through whom orders are to be solicited or filled:

_____ Nature of goods, wares and merchandise for which orders are to be solicited:

For Peddlers Permit:

Nature of merchandise to be sold:

Connecticut Tax ID Number: _____

If food is being sold, have you received approval from the Town of Stonington Health Inspector?

_____ YES _____ NO

Criminal History:

Have you ever been **ARRESTED** for any crime, in any jurisdiction? _____ YES _____ NO

If "YES", list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary.)

Notice: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. 46b-146, 54-76o, or 54-12a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).

With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

Have you ever been **CONVICED under the laws of this state, federal law or the laws of another jurisdiction**? ☐ YES ☐ NO If "YES", explain. (attach additional sheet(s), if necessary)

Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pretrial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? ☐ YES ☐ NO If "YES", explain. (Attach additional sheet(s), if necessary.)

Declaration:

I understand that any false statement made herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of their official function, is punishable in Connecticut pursuant to state statute (C.G.S. Sec. 53a-157b). I further understand that any statements in this application that are determined to be false or inaccurate shall constitute grounds for the permit not to be issued. My signature below attests to the accuracy, completeness, and to the truth of all information supplied on this application.

I declare, under the penalties of False Statement, that the answers to the above are true and correct.

Date: _____ Signed: _____

STATE OF _____ COUNTY OF _____
Subscribed and sworn to before me this _____ day of _____ 20 _____

Name:
Notary Public
My Commission Expires:

FOR OFFICIAL USE ONLY		
Application Received: _____ Date	Criminal History Check: _____ SPD Records Check _____ SPSC	Application Status: _____ Approved _____ Denied

(Signature and title of issuing authority)