

BRISTOL, CONNECTICUT
APPLICATION FOR SOLICITORS & CANVASSERS LICENSE

LICENSE NOT TRANSFERRABLE

FOR OFFICE USE ONLY	License # _____
Date of Issuance _____	Date of Expiration _____

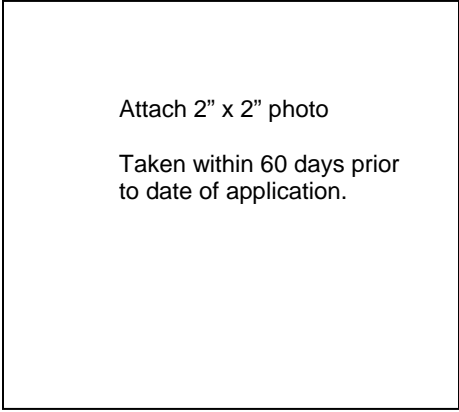
Name of Applicant _____

Home Address _____

Home Phone _____ Social Security # _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Name & Address of Employer _____



Business Phone _____

Signature

Brief description of nature of business and goods to be sold _____

Location where products will be displayed _____

Method of delivery _____

If vehicle is to be used, give registration # _____
(Number) (State)

Description of vehicle _____
(Make - Model - Color - Year)

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? Yes _____ No _____

If so, give details _____

Reference - Give names and addresses of two (2) reliable property owners in Connecticut who will certify as to your character and business responsibility, or in lieu thereof names of references and other evidence as to good character and business responsibility.

ATTEST: _____
(Signature of Applicant)

State of Connecticut ss: Bristol Date _____
County of Hartford

Sworn and subscribed to by the above named applicant. _____
(Notary Public)

Annual Licenses Only. Must be renewed each year upon expiration.

FOR OFFICE USE ONLY
All necessary approvals having been properly and fully executed as per ordinance (Sec. 17-16 through 17-42) license as peddler is granted to the above named applicant.

Investigation **Fee \$15.00** _____ Monthly License **Fee \$40.00** _____

Annual License **Fee \$75.00** _____ Weekly License **Fee \$10.00** _____

After Jul. 1 - Dec. 31 **Fee \$37.50** _____ No Day Rates Available.

Signed _____ Date _____
City Clerk

POLICE DEPARTMENT APPROVAL

Investigation having been made of applicant's character and business responsibility, the application of:

(Name and Address)

Is hereby: APPROVED

DISAPPROVED

If disapproved, reason for disapproval _____

Date _____

Signed _____

Chief of Police

FINGERPRINTS OF APPLICANT

Name _____

Address _____

Impressions taken by: _____

(signature of official taking prints)

Date impressions taken: _____