

Newtown Municipal Center
3 Primrose Street
Newtown, Connecticut 06470
Tel. (203) 270-4201
Fax (203) 270-4205
first.selectman@newtown-ct.gov
www.newtown-ct.gov



E. Patricia Llodra
First Selectman

TOWN OF NEWTOWN
OFFICE OF THE FIRST SELECTMAN

VENDING LICENSE

Date: _____

Name of Vendor: _____

Address: _____

Purpose of License: _____

Area of Vending: _____

Effective Date of License: _____

Signature of Vendor: _____

If you are serving food you MUST have Health District Approval.

Approved: Health District _____ Date: _____

Approved: First Selectman _____ Date: _____

Expiration Date of Vending License: _____

LICENSE MUST BE PURCHASED FOR EACH VENDING LOCATION AND VISIBLY POSTED DURING THE ENTIRE VENDING PERIOD. There shall be no vending, hawking, or peddling on Sundays or holidays, except as to the Main Street Labor Day parade. Vending, hawking, and peddling shall be only between the hours of 9:00 a.m. and 6:00 p.m.

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TOWN OF NEWTOWN
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PEDDLER OR ITINERANT VENDOR APPLICATION

Name of Applicant for Permit (Print)

Date

Home Address: _____

Street

Town

State

Zip

Employer: _____

Name

Address

Phone #

Or

Self-Employed: _____

Name

Address

Phone#

Phone #: Day _____

Evening: _____

Cell Phone #: _____ Date of Birth: _____

Vehicle Registration # _____ Model _____ Color _____ State _____

Detailed Description of Goods or Services Covered by this Permit:

Are you selling goods or services for a company? Yes _____ No _____

If so, what is the name and address of the company? _____

If renewal, Expiration Date of Current Permit: _____

If new permit, effective dates of vending activity: _____

Note: If permit is for food vendor, a Health Department certificate is required before application is submitted to the Board of Selectmen.

- | | | |
|--|-----|----|
| 1. Has any legal action been brought against you in connection with above related activities? | Yes | No |
| 2. Have you ever received a permit of this type from any city or town in the State of Connecticut? | Yes | No |
| 3. Have you ever had a permit revoked by any city or town in the State of Connecticut? | Yes | No |
| 4. Have you ever had criminal conviction(s)? | Yes | No |
| 5. Have you ever had your driver's license suspended or revoked? | Yes | No |

If the answer is "yes" to any of the preceding questions, full details must be supplied on the reverse side of this application. In addition, please supply the following information:

	<u>Date</u>	<u>Court & Location</u>	<u>Nature of Action</u>	<u>Disposition</u>
Legal action(s)	_____			
Taken against	_____			
You.	_____			
Conviction(s)	_____			

Permits Issued	<u>Date</u>	<u>Town</u>	<u>Period of Time</u>

Permits Revoked	<u>Date</u>	<u>Town</u>	<u>Period of Time</u>

I understand my failure to supply the information requested or omission of or falsification of information, whether intentional or not, shall be a sufficient basis for the Board of Selectmen to refuse to issue said permit.

The fee (schedule to be set by the Board of Selectmen) shall be determined per licensee not to exceed \$250.00 as per State Statute 21-37. At the discretion of the First Selectman, the Licensee may be required to post a \$500.00 cash bond, refundable at the closure of the period of the license. **LICENSE MUST BE PURCHASED FOR EACH VENDING LOCATION AND VISIBLY POSTED DURING THE ENTIRE VENDING PERIOD.** There shall be no vending, hawking or peddling on Sundays or holidays, except as to the Main Street Labor Day parade. Vending, hawking, and peddling shall be only between the hours of 9:00 a.m. and 6:00 p.m. Please provide a self-addressed stamped envelope with your application and **\$200.00** for each application filed. Vending permit fees are waived for veterans with proof of service.

FOR LABOR DAY PARADE VENDORS: ONE PERMIT PER PERSON
NO SILLY STRING, NO POPPERS OR FIRECRACKERS, NO FAKE VOMIT

Two passport-sized photos of the applicant and one photo of the vehicle must accompany this application.

Applicant must be present when the Board of Selectmen discusses application or, when requested to appear before the Board or First Selectman, with regard to this application.

If staff other than applicant will fall under this permit, Waivers/Authorizations for Release of Personal Information MUST be completed on all vendors' employees expected to work within the Town of Newtown.

WAIVER/RELEASE

I, _____, an applicant for a permit under Chapter 265 of the Code of the Town of Newtown, hereby authorize the Newtown Police Department and the State of Connecticut a review and full disclosure of any and all records or any part thereof concerning myself. The intent of this authorization is to give my consent for full and complete disclosure of motor vehicle records, criminal history records, records of complaints, arrests, trial and/or conviction for alleged or actual violations against me, wheresoever located.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Town of Newtown, the results of which will be communicated to the Newtown Board of Selectmen to be part of my permit application file.

Date of Birth _____ Social Security # _____ - _____ - _____

Drivers License # _____ State _____

Current Address _____
Street Town State Zip

Prior Addresses (last five years):

Street Town State Zip

I, _____, authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or other information they may have, personal or otherwise, with regard to any of the subjects covered by this application; and I release all such parties from any and all liability for any damages which may result from furnishing such information to you. I agree to conform to the Town of Newtown Charter and acknowledge that these regulations may be changed at any time without prior notice to me.

I hereby solemnly and sincerely affirm and declare that all the information provided by me in this application is true and complete to the best of my knowledge and belief, upon pains and penalties of perjury or false statement, and I understand that falsification of this information is grounds for refusal to grant a permit, or if granted, right to revoke a permit.

Signature of Applicant

Date

Office Use Only – Do Not Complete
Police Background Check

RPD _____

Applicant Name _____

DOB _____



Local

Approved (if not, complete remarks section below)

Date

Signature



Other

Approved (if not, complete remarks section below)

Date

Signature

Remarks (if any)



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
BUREAU OF IDENTIFICATION**



**STATE OF CONNECTICUT
CRIMINAL HISTORY RECORD REQUEST FORM**

(PLEASE TYPE OR PRINT CLEARLY)

Check Type of Background Search Requested:

- () Conn. Only search by Name/Date of Birth - \$36.00 (will only provide existence of a record and not actual record)
 - () Conn. Only Criminal Conviction History Record Search-\$50.00 (Name/DOB Search, will provide a copy only if a record exists)
 - () Conn. Only Criminal Conviction History Record searched by Fingerprint - \$50.00*
- *Fingerprinting completed at a Connecticut State Police location - \$15.00

Name of Requester: _____ **Date:** _____

Requester Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number:** _____

E-Mail Address: _____

(NOTE: Results will be sent via e-mail if e-mail address is provided)

1. Print full name and date of birth, maiden or alias names for each subject requested.
2. If a fingerprinted criminal history record check is required, submit a Fingerprint Card along with this form.
3. Enclose a Check or Money Order for the applicable amount made payable to :
"Treasurer-State of CT"
4. If you are requesting more than one name, please submit one check for the total dollar amount of all subjects requested. A separate form will be required for each search requested.
5. Mail Request with Check or Money Order to:
 - DESPP-SPBI
 - 1111 Country Club Road
 - Middletown, CT 06457-2389

Subject's Last Name	First	(Middle)	Date of Birth
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List any alias or maiden names and dates of births used:

The result of this search is based on name and date of birth or fingerprint card submission and contains State of Connecticut criminal conviction history record information ONLY. Please be advised that the criminal history record information may change daily due to erasures, corrections, pardons or other modifications to individual criminal history record information, the Department of Emergency Services and Public Protection (DESPP) cannot guarantee the accuracy of the information except with respect to the date the information is disclosed or obtained. DESPP and the State of Connecticut are not responsible for any errors or omissions resulting from subsequent dissemination of this data. The subject and/or requester assumes all liability in the use of data obtained from this database.

****A COPY OR FACSIMILE OF THIS FORM CAN BE USED****

Phone: (860) 685-8480 Fax: (860) 685-8361
1111 Country Club Road
Middletown, CT 06457-2389

An Affirmative Action/Equal Employment Opportunity Employer