

**CLINTON POLICE DEPARTMENT**  
**APPLICATION – FOR SOLICITOR’S/ VENDOR’S PERMIT**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
(Last) (MI) (First)

ADDRESS: \_\_\_\_\_  
(#) (Street) (Town) (State) (Zip code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR HAIR: \_\_\_\_\_ (EYES) \_\_\_\_\_

VISIBLE MARKS/SCARS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ NAME OF MANAGER/SUPERVISOR: \_\_\_\_\_

MERCHANDISE INVOLVED: \_\_\_\_\_  
(Describe type and kind of goods)

How long do you expect to solicit in the Town of Clinton? \_\_\_\_\_  
(Provide specific dates)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
(NOT TO EXCEED ONE (1) YEAR)

Make of Vehicle: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. #: \_\_\_\_\_ State: \_\_\_\_\_

Operator’s License #: \_\_\_\_\_ State: \_\_\_\_\_ Do you have an arrest record: \_\_\_\_\_  
(Y/N)

If so, where and what was the nature of the arrest: \_\_\_\_\_  
\_\_\_\_\_

List References (local preferred): \_\_\_\_\_

Those applying for a Veteran’s exemption must fill in the following: Are you a resident veteran: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Service #: \_\_\_\_\_ Time of service: \_\_\_\_\_  
(Discharge or a copy of it must accompany this application and will be returned to applicant. A resident veteran is considered to be one who served in time of war as defined in Connecticut General Statute 27-103. Must have resided in CT for two (2) or more years.

CONNECTICUT TAX NUMBER: \_\_\_\_\_

*The following apply:*

*No person may:*

- 1. Hawk, peddle or sell before 9:00 a.m. or after 7:00 p.m.*
- 2. Hawk, peddle or sell on public streets within 1,000 feet of any school grounds while school is in session*
- 3. Hawk, peddle or sell – Whereas, it creates a danger on public roadway*

You must provide a photographic identification that includes a signature specimen upon application.

**Fee \$200.00 per year or part of.**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

Approved: \_\_\_\_\_ Date issued: \_\_\_\_\_  
Vincent DeMaio, Chief of Police

**\*\*MUST PROVIDE COPY OF APPROVAL FORM FROM HEALTH DEPARTMENT (if food is involved) AND DOCUMENTATION YOU HAVE CONTACTED THE ZONING ENFORCEMENT OFFICER AT THE TOWN HALL BEFORE PERMIT CAN BE ISSUED.**