

TOWN OF AVON, CONNECTICUT
POLICE DEPARTMENT

APPLICATION FOR PERMIT: Hawkers, Peddlers, and Solicitors

Date: _____

Name: _____
(Last) (First) (Middle)

Residential Address: _____
(Street) (Town) (State) (Zip)

Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Name of Employer (or Organization): _____

Address of Employer (or Organization): _____
(Town) (State) (Zip)

Contact Phone Number: _____

If Corporation, State of Incorporation: _____

Type/Purpose of Business to be Conducted: _____

Where Are Products Manufactured or Grown: _____
(City) (State)

Invoice Value (If Any): _____ Sold by Sample or Stock: _____

Where Are Products Being Sold/Solicited Now Located: _____

Time Period During Which You Will Conduct Business in the Town of Avon: _____

Have You (Or Management Authority Individual) Ever Been Arrested for a Misdemeanor or Felony Crime?
YES: _____ NO: _____

If Yes: Nature of Offense: _____

Location of Offense: _____
(City) (State)

Have You (Or Management Authority Individual) Ever Been Convicted of Any Misdemeanor or Felony Crime?
YES: _____ NO: _____

If Yes: Nature of Offense and Penalty: _____

Location of Offense: _____
(City) (State)

Have You Conducted Similar Business or Activity In This or Other State? Yes: _____ No: _____

If Yes, Where: _____
(City) (State)

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Will Advertising Be Used? Yes: _____ No: _____

If Yes, Please Indicate Type of Advertising: _____

Have You Been the Subject of a Restraining or Protective Order? Yes: _____ No: _____

Have You Ever Been Denied a Hawkers/Peddlers/Solicitors Permit? Yes: _____ No: _____

Have You Ever Had a Hawkers/Peddlers/Solicitors Permit Revoked? Yes: _____ No: _____

If Yes: Where? _____ Reason for Revocation: _____

Make of Vehicle to be Used: _____ Model: _____ Registration #: _____

Driver's License #: _____ State: _____

YOU ARE REQUIRED TO BE PHOTOGRAPHED.

YOU MAY BE REQUIRED TO BE FINGERPRINTED.

PLEASE ATTACH AUTHORIZATION CREDENTIALS, IF ANY, GIVING AUTHORITY TO ACT AS SUCH REPRESENTATIVE OR AGENT.

IF YOUR OPERATION INVOLVES A CREW OF PEOPLE, EACH CREW MEMBER IS REQUIRED TO FILL OUT AN APPLICATION.

I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN THIS APPLICATION SHALL CONSTITUTE GROUNDS FOR REJECTION OR REVOCATION OF THE LICENSE.

(SIGNATURE OF APPLICANT)

APPLICATION APPROVED: _____

DENIED: _____