



Date Rec'd _____
Paid \$ _____
Initials of Receiver _____

Town of Coventry, Connecticut

APPLICATION FOR VENDOR'S PERMIT

RECEIPT # _____ ORIG. _____ RENEWAL _____

PERMIT # _____ PERMIT PERIOD _____

NAME OF APPLICANT _____

DESCRIPTION: HGT. _____ WGT. _____ EYE COLOR _____

HAIR COLOR _____ D.O.B. _____ MALE FEMALE

FORM OF I.D. SHOWN _____

PERMANENT HOME ADDRESS:

FULL LOCAL ADDRESS:

PHONE: _____

DESCRIPTION OF BUSINESS AND GOODS TO BE SOLD:

**IF GOODS TO BE SOLD CONSIST OF FOOD, A SEPARATE FOOD SERVICE APPLICATION
MUST BE COMPLETED AND APPROVED BY THE HEALTH DEPT. BEFORE THE VENDOR'S
PERMIT CAN BE ISSUED.**

NAME AND ADDRESS AND PHONE # OF EMPLOYER _____

SALE LOCATION _____

MANUFACTURER OR PRODUCING LOCATION OF ARTICLES OF ITEMS TO BE SOLD:

NAME _____ ADDRESS _____

CITY _____ STATE _____ PHONE # _____

LOCATION OF GOODS AT DATE OF APPLICATION: _____

DESCRIPTION OF MOTOR VEHICLES USED

YEAR	MAKE	COLOR	MODEL	REG#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAVE YOU EVER BEEN ARRESTED? YES NO

IF YES:

WHEN	WHERE	CHARGES	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY AND ALL CIVIL CHARGES AGAINST YOU OR ANY PRESENT OR FORMER EMPLOYER, PRINCIPAL OR CONTRACT ASSOCIATION, ALLEGING FRAUD OR MISREPRESENTATION IN CONNECTION WITH OR THE RESULT OF THE REGISTRANT'S ACTIVITIES IN SOLICITING:

VENDING PERMIT
Town of Coventry
All permits must be posted and visible

Permit # _____

NAME _____ ADDRESS _____
SALE OF _____ LOCATION _____
DATE ISSUED _____ DATE OF EXPIRATION _____

MUST BE APPROVED BY, IF APPLICABLE

CHIEF OF POLICE _____ DATE _____
SANITARIAN _____ DATE _____
ZONING AGENT _____ DATE _____
TOWN MANAGER _____ DATE _____