



CITY OF HARTFORD  
DEPARTMENT OF DEVELOPMENT SERVICES  
DIVISION OF LICENSES AND INSPECTIONS  
**ITINERANT PEDDLER LICENSE APPLICATION**



**APPLICANT**

Name	
Residential Address	
City ST ZIP Code	
Home Phone	
Business Phone	
Date of Birth	_____ Male / Female

**VENDING FIRM**

Owner	
Name of Business	
Business Location	
CT Sales Tax ID #	
Annual/ Temporary	Dates of temporary events: _____
Vehicle/ Pushcart	
Vehicle Make & Model and color	
License Plate #	

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal, State and local laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale or use of illegal drugs and alcohol that such arrest is grounds for immediate revocation of my license and notification to the State and Federal agencies.

Name (printed)	
Signature	
Date	