



TOWN OF RIDGEFIELD
400 Main Street
Ridgefield, Connecticut 06877
(203) 431-2700

RPD _____

PEDDLER OR ITINERANT VENDOR APPLICATION

Application Date: _____

Name of Applicant for Permit (Print) Name of Business Date of Birth

Home Address: _____
Street Town State Zip

Employer: _____
Name Address Phone #

Or:

Self-Employed: _____
Name Address Phone #

Phone #: Day _____ Evening _____ Cell phone _____

Vehicle Registration # _____ State _____ Email Address _____

Vehicle Registration # _____ State _____

Detailed Description of Goods or Services Covered by this Permit:

Hours of Operation: _____ Location: _____

Garbage Receptacle: # _____ Location: _____

Provision for Water Service and Toilet Facilities: _____

If renewal, Current Permit Expiration Date _____

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

1. Has any legal action been brought against you in connection with above or 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	<hr/>			
	<hr/>			
	<hr/>			

Conviction(s)	<hr/>			
	<hr/>			
	<hr/>			

	<u>Date</u>	<u>Town</u>	<u>Period of time</u>
Permits Issued	<hr/>		

	<u>Date</u>	<u>Town</u>	<u>Period of time</u>
	<hr/>		

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

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.

Location: If your operation is intended to be a substantially permanent or stationary operation—one that is fixed or immobile for periods in excess of 15 consecutive minutes of any given day—please describe the precise location for which you seek a permit, and attach written consents signed by any and all property owners and business(es) located on or immediately adjacent to your proposed location. If you are unable to obtain a written consent (for example, refused to give it, tried but was unable to contact owner, owner objects to location). The Board reserves the right to make inquiry as to any such absence of written consent to determine if it is the results of concerns the Board deems sufficient to justify permit refusal at the requested location or the imposition of conditions upon a permit for such location.

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

Applicant must be present when 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 vendor's employees expected to work within the Town of Ridgefield.

WAIVER/RELEASE

I, _____, an applicant for a permit under Chapter Nine of the Ridgefield Code of Ordinances, hereby authorize the Ridgefield 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 Ridgefield, the results of which will be communicated to the Ridgefield Board of Selectmen to be a part of my permit application file.

Date of Birth: ____/____/____ Social Security # ____-____-____

Driver's 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 Ridgefield Town Charter and Town of Ridgefield Code of Ordinances 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

Sworn before me:

Notary Public

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)

