## TOWN OF LITCHFIELD APPLICATION FOR HAWKERS AND PEDDLERS PERMIT

PLEASE PRINT CLEARLY  Date:	PERMIT NUMBER:
Name of Solicitor:	Social Security Number:
Home Address:	Date of Birth:
	Height:
Local Address:	Weight:
	Hair Color:
Local Phone Number:	Eye Color:
Full Name of Employer:	
Period Applicant Intends To Solicit: (not to	o exceed six months)
Automobile:	
	CONVICTED OF ANY CRIME?
If yes, EXPLAIN:	
State Permit Number:	COPY MUST BE ATTACHED.
	: Signature of Applicant
APPLICATION REVIEWED AND CLEARE	D BY POLICE DEPT. Yes No Date
	Signature:
ABOVE APPLICATION IS HEREBY APPR	OVED AND PERMISSION GRANTED:
Date:	Signature:Litchfield First Selectman
	Litchfield First Selectman

Photocopy of Driver's License and/or other I.D. attached with State Permit.

Fees: \$25.00 per solicitor/per day

\$50.00 per solicitor/per week \$100.00 per solicitor/six months NO SPARKLERS NO AEROSOL SPRAY CANS-Silly String NO VENDING DURING FIREWORKS

## **HOURS**

October 1 - April 1 8am-6pm April 1 - October 1 7am-8pm