## 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:	
Address:	
Type of Solicited Merchandise:	
Period Applicant Intends To Solicit:(not to exceed six months)	
Automobile: Marker plate # registration #	make color
HAVE YOU EVER BEEN ARRESTED OR CONVICT	ED OF ANY CRIME?
If yes, EXPLAIN:	
State Permit Number:	COPY MUST BE ATTACHED.
: Signature of Applicant	
APPLICATION REVIEWED AND CLEARED BY POL	ICE DEPT. Yes No Date
Signatur	re:
ABOVE APPLICATION IS HEREBY APPROVED AN	ID PERMISSION GRANTED:
Date: Signatur	e: Litchfield First Selectman
Photocopy of Driver's License and/or other I.D. attack	hed with State Permit.

Fees: \$25.00 per solicitor/per day \$50.00 per solicitor/per week \$100.00 per solicitor/six months