



Andrew J. Rizzo, Jr.
Building Official
Issuing Authority

City of New Haven BUILDING DEPARTMENT

PERMIT & LICENSE CENTER

200 Orange Street, 5th Floor* New Haven, Connecticut 06510

BUSINESS LICENSE APPLICATION



John DeStefano, Jr.
Mayor

To Be Filled Out Completely By Interested Person: ONCE ISSUED, A LICENSE IS NOT TRANSFERABLE, NO REFUND WILL BE ISSUED.

Date Application Submitted: _____ APPLYING AS A(N): INDIVIDUAL MANAGER OWNER PARTNERSHIP
(Please PRINT) ALL INFORMATION MUST BE SUPPLIED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

License Is Hereby Granted To: _____
(Individual Name under which the **vending** is to be operated)

Vendor Operator Trade Name: _____ Telephone No: () _____

List the merchandises, services, samples or food items to be sold: _____

List name(s) of other(s) operating the conveyance, stand, trailer, or cart, etc: **(Use backside of this application)**

To the Building Department – Permit & License Center,

I (we), hereby agree to abide by all of the rules and regulations pertaining to **VENDOR** as defined by the City of New Haven Ordinances and the State of Connecticut Statutes.

Applicant Name: _____
(Last) (First) (Middle)

Applicant Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female

Social Security # _____ Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____

Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

Once issued, a license is not transferable, no refund will be issued, and is subject to the provisions of the Ordinances of the City of New Haven and the Statutes of the State of Connecticut applicable to the activity for which the license is requested.

By signing this application the applicant is authorizing the City to complete a background check on individuals, partners or officers of the entity to which the license is issued; and certifies that a copy of the city ordinance governing this license has been received.

Signature _____ **Date Signed:** _____

REQUIRED APPROVAL(S)/INSPECTION(S): **FOR OFFICE USE ONLY.**

POLICE BACKGROUND REPORT: APPROVED _____ DENIED _____ REPORT RECEIVED _____

OUT-OF-STATE BACKGROUND REPORT: APPROVED _____ / DENIED _____ REPORT RECEIVED _____

REQUEST FOR CRIMINAL BACKGROUND CHECK REPORT EXPIRES THREE (3) MONTHS FROM PROCESSED DATE: _____

HEALTH LICENSE # _____ CLASS I II III IV ISSUED DATE: _____ EXPIRES: _____

FOR OFFICE USE ONLY:

OTHER REQUIRED DOCUMENTATION(S): PHOTO FOR BADGE (OBIE OFFICE) VETERAN WAIVER: DD-214 (COPY ENCLOSED)
 DESCRIPTION OF THE MERCHANDISES, SERVICES, SAMPLES OR SUBSCRIPTIONS BEING OFFERED FOR SALE (COPY ENCLOSED)
 DESCRIPTION AND PHOTOGRAPH OF CART, CONVEYANCE OR STAND TO BE USED LEASED VEHICLE AGREEMENT (COPY ENCLOSED)
 FOOD SERVICE LICENSE (COPY ENCLOSED) DESCRIPTION AND REGISTRATION OF MOTOR VEHICLE TO BE USED (COPY ENCLOSED)
 CT SALES TAX & USE PERMIT (COPY ENCLOSED) VALID PHOTO ID (COPY ENCLOSED)

LICENSE TYPE: VENDOR To Conduct the Following: FOOD PEDDLER/HAWKER
 Renewal License No. _____ New License No. _____ Previous License No. _____

RECEIVED: _____ WAIVED CASH CHECK _____ M/O # _____ RECEIPT # _____

APPROVAL OF ISSUING AUTHORITY _____ () Date: _____

FEE(S): \$200 (YEARLY) \$0 (WAIVED) \$5.00 (REPLACEMENT) DATE LICENSE ISSUED: _____

THIS LICENSE IS NOT TRANSFERABLE AND EXPIRES ON: _____

LICENSE COMMENT(S): **APPROVED FOR LONG WHARF VENDING** **NOT APPROVED FOR LONG WHARF VENDING**

List name(s) of other(s) operating the conveyance, stand, trailer, or cart, etc. (Use additional pages if necessary.)

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____
LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
 OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR

Name: _____
or (Last) (First) (Middle)

Name(s): _____ Employer ID# _____

Home Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Social Security # _____
Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____
 Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____
LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
 OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR

Name: _____
or (Last) (First) (Middle)

Name(s): _____ Employer ID# _____

Home Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Social Security # _____
Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____
 Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
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