



# TOWN OF SUFFIELD POLICE DEPARTMENT SOLICITORS & PEDDLERS PERMIT APPLICATION

Please fill out this form completely and return it to:

**Suffield Police Department 911 Mountain Road Suffield, CT 06078**

Applicant's name (Last, First, Middle)

Date of application

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

List all other names by which you may have been known

\_\_\_\_\_

Residence address (Number, Street, City or Town, State and Zip code)

\_\_\_\_\_

Business address (Number, Street, City or Town, State and Zip code)

\_\_\_\_\_

Name of the firm representing and your status with the business: Sales/Officer/Self Employed

\_\_\_\_\_

Home/Cell phone number

Business phone number

( ) -

( ) -

Articles to be sold

Nature of business

\_\_\_\_\_

\_\_\_\_\_

Estimated Dates of Activity

Location of Sales Activity

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? Yes ( )

No ( ) If Yes, List offences, dates of convictions,

Dispositions, location of offence and arresting authority. Use back of form for additional space.

\_\_\_\_\_

\_\_\_\_\_

Motor Vehicle registration and description

\_\_\_\_\_

Local residence address (Number, Street, City or Town, State and Zip code)

\_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_ Male ( ) Female ( ) Hair color \_\_\_\_\_

Driver License State and # \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a Veteran? (DD-214) Yes ( ) No ( ) If Yes, Military # \_\_\_\_\_

List towns where previously or currently licensed

\_\_\_\_\_

**Conditions of Permit**

I certify that there are no misrepresentations, omissions, or falsifications in the forgoing statements and answers that the entries made by me above are true and complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to summarily having my permit revoked if any of the above information contains any misrepresentation or falsification of fact or if any material information has been omitted.

I further understand that I may inquire of the Chief of Police as to the reason my permit has been revoked, should such incident occur, and I will have the opportunity to appeal such revoking of my permit if I feel an error in judgment or fact has been made. I understand the Board of Selectmen will make the final decision in such matters.

**Sec. 53a-157b. False statement in the second degree: Class A misdemeanor.** (a) A person is guilty of false statement in the second degree when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his duties under chapter 557. (b) False statement in the second degree is a class A misdemeanor (P.A. 93-392, S. 7.)

I declare, under penalties of false statement, that the answers to the above are true and correct.

DATE \_\_\_\_\_ APPLICANTS SIGNATURE \_\_\_\_\_ Subscribed  
and Sworn to before me, a Notary Public, in and for the County of \_\_\_\_\_ and State of Connecticut, this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**FOR POLICE USE ONLY:**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

NCIC check made by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
CHIEF OF POLICE OR AUTHORIZED AGENT

Permit # \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_