

**PUTNAM MUNICIPAL COMPLEX**  
**Town Clerk**  
**200 School Street**  
**Putnam, CT 06260**  
**860-963-6807**

**APPLICANT**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship to Business or Organization \_\_\_\_\_

**BUSINESS/ORGANIZATION**

Name of Business/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Years of service \_\_\_\_\_

Non-Profit \_\_\_\_\_ Has organization functioned as a non-profit within Putnam for at least six (6) months \_\_\_\_\_

CT Sales Tax # \_\_\_\_\_ Federal Employee # \_\_\_\_\_

Additional Licenses if required \_\_\_\_\_

Certificate of Insurance Yes / No \_\_\_\_\_ Food Vendor Health Dept. License # \_\_\_\_\_

Check organizational Category

<u>Agriculture</u>	<u>Civic or Service</u>	<u>Municipal Volunteer</u>
<u>Business for Profit</u>	<u>Educational/Charitable</u>	<u>Political Town Committee</u>
<u>Church or Religious</u>	<u>Other</u> _____	

**TYPE & LOCATION OF ACTIVITIES/SALES**

Stationary sale of foods or nonalcoholic beverages intended for immediate consumption

Roaming sale of foods or nonalcoholic beverages by way of order for a later delivery

Stationary sale of any goods, wares, merchandise, or subscriptions which has immediate delivery

Roaming sale of any goods, wares, merchandise or subscriptions by way of order for later delivery

Stationary sale of ticket for chance or solicitation of donation

Roaming sale of ticket for chance or solicitation for donation

**Description of Activity**

Briefly describe the activity which your business/organization plans to conduct within the Town of Putnam. Please include a detailed description of the product/service:

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**Location of Activity - Vendor Permit**

(Prior approval from property owner or Putnam Recreation required prior to submitting application)

Simonzi Park

Privately Owned Property

**Location of Activity - Special Event Vendor Permit**

*(Excludes Main Street Car Cruise & Pumpkin Festival)*

Rotary Park (Non-Profit only)

Kennedy Drive Municipal Parking Lot

Riverview Marketplace

Privately Owned Property

Streets/Highways within Putnam

**APPROVAL – TOWN OF PUTNAM USE ONLY**

Recreation Director: \_\_\_\_\_

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

**PLEASE ANSWER THE FOLLOWING (circle Yes or No)**

1. Will your activity include the use of a legally registered motor vehicle, including trailers

If yes, type of vehicle \_\_\_\_\_

Registration # \_\_\_\_\_ State \_\_\_\_\_ Owner \_\_\_\_\_

2. Will your activity include the use of a temporary structure, including tents/canopies

If yes, type and approximate size \_\_\_\_\_

3. Will your activity include the use of roaming sales people and push carts

If yes, number of sales people and push carts \_\_\_\_\_

4. Will your activity include the use of roaming sales people without push carts

If yes, number of sales people \_\_\_\_\_

5. Will your activity include the sale or delivery of prepared food

If yes, where will the food be prepared \_\_\_\_\_

Name of individual(s) certified in safe preparation of food products \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Has the applicant being represented ever been denied or had a vendor permit revoked

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

7. Has the applicant ever been convicted of any crime including Felonies or Misdemeanors?

If yes, please explain the nature of the crime \_\_\_\_\_

\_\_\_\_\_

***By signing below, I agree to indemnify hold harmless, and defend the Town of Putnam and its representatives against liability and/or loss arising from activities connected with and/or undertaken pursuant to the Vendor Permit. The Town of Putnam is not liable for any business loss, property loss, or other damage that may result from the use of the Permit, or suspension or revocation of the Permit. No vendor shall maintain any claim or action against the Town, its officials, officers, employees, or agents on account of any suspension or revocation.***

***The facts contained within this application are true, to the best of my knowledge***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**APPLICATION ROUTING**

1 Application and application fee submitted to Town Clerk for Review:

Date \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ (\$50 for each sales person)

*Make check payable to: Putnam Police Department*

Approved upon review

Denied upon review

Date \_\_\_\_\_ Signature \_\_\_\_\_

Chief of Police

2 Application and application fee submitted to Chief of Police for processing Date \_\_\_\_\_

Photo Permit Badge Issued to: \_\_\_\_\_

Badge Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Number of additional photo badges issued \_\_\_\_\_

Badges issued to Name

Date of Birth

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Badges and application returned to Town Clerk Date \_\_\_\_\_

Signature \_\_\_\_\_

Issuing Officer

3 Application returned to Town Clerk Date \_\_\_\_\_

Permit Fee Waived Permit Fee Collected \$ \_\_\_\_\_ (\$200 for each sales person)

Permit & Badges Issued on \_\_\_\_\_ Signature \_\_\_\_\_

Date

Town Clerk