



Department of Police Services

Southington, Connecticut 06489

Application for Vendors License

Date of Application: _____

Person Information

Name	Date of Birth	Sex	Phone Number
Address	City	State	Zip Code

Vehicle Information

Vehicle Plate Number	Issuing State	Vehicle Make	Vehicle Model	Vehicle Color
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Business Information

Business Name	Tax ID Number	Tax ID State	Business Phone Number
Business Address	Business City	Business State	Business Zip Code

Type of Business or Goods:

Your signature below authorizes the Southington Police Department to conduct a background investigation to determine if you have a criminal or motor vehicle history which may prevent this department from issuing the permit/license. This permit/license may be revoked or refused if the provided information is found to be falsified

Applicant's Signature: _____ Date: _____

Applications must be submitted in person at:

Southington Police Department, Records Division
69 Lazy Lane, Southington, CT 06489
860-378-1600, Option 2

----- DO NOT WRITE BELOW THIS LINE -----

Approved: Yes No

If Rejected, Reason below:

Approval or Rejection Verified by (Employee): _____ ID #: _____ Date: _____