

Department of Police Services

Southington, Connecticut 06489

Application for Vendors License

	Date of Application:								
			Perso	n Information					
Name			Date of Birth		Sex	Phone Number			
Address			City		State	Zip Code			
Vehicle Information									
Vehicle Plate Number	Issuing State	Vehicle Make		Vehicle Model	,	/ehicle Year	Vehicle Color		
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

Are you a resident of Connecticut, having resided in the state for at least the last 5 years?

Yes, No further action is required, please sign below.

No, The applicant must provide a background/records check from every state you have resided in for the last 5 years and submit it with this application, to the Southington Police Records Department, prior to approval.

Applicant must also include the following at time of submission:

Copy of your VALID Driver License	\$20 Application Fee		
Applicant's Signature:		Date:	
App	lications must be submitted in person at:		
Southing	gton Police Department, Records Division		
69) Lazy Lane, Southington, CT 06489		
DO	NOT WRITE BELOW THIS LINE – —		
Approved: Yes No			
If Rejected, Reason below:			
Approval or Rejection Verified by (Employee)	П) #•	Date: