

TOWN OF WESTBROOK, CONNECTICUT

SOLICITORS, HAWKERS AND PEDDLERS LICENSE

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Weight/Height/Eye Color/Hair Color: \_\_\_\_\_

Company/Organization Represented: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Non- Profit: \_\_\_\_\_

Items being sold: \_\_\_\_\_

Dates Requested for selling: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Auto Registration Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicle Make/Model/Color: \_\_\_\_\_

It is understood by me that any misrepresentation of information requested on this form is just cause for denial of a solicitors, hawkers and peddlers license in the Town of Westbrook. The Town of Westbrook reserves the right to verify all information provided. Applicant must provide photo identification at time of application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR TOWN USE ONLY

Upon acceptance, please sign and date application and return to Selectman's Office.

Signature of Food Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Police Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of First Selectman: \_\_\_\_\_ Date: \_\_\_\_\_

License valid for period from: \_\_\_\_\_ to \_\_\_\_\_

Fee of \$25 paid to the Town of Westbrook.

THIS LICENSE MUST BE CARRIED AT ALL TIMES DURING SOLICITING, HAWKING OR PEDDLING IN THE TOWN OF WESTBROOK