

City of New Haven BUILDING DEPARTMENT



Permit & License Center

200 Orange Street, 5th Floor • New Haven, Connecticut 06510
<u>www.cityofnewhaven.com</u>

Toni N. Harp Mayor

License Type: STREET VENDOR	Food	PEDDLER		
	─ NEW	RENEWAL		
	_	_		
	Date	Application Sub	mitted:	
License Is Hereby Granted To:(Individ	ual Name under v	which vending is to be	operated)	
	Name: Telephone:			
Setup Location:				
Description of Merchandise to be sold:				
I, hereby agree to abide by all of the rules and City of New Haven General Code of Ordinances			VENDOR as de	fined by the
Applicant Name:(Last)				
(Last)		(First)		(Middle)
Applicant Address: (Street #) (Street Name)		(City)	(State	(Zip)
Home Phone: Mobile Phon	ıe:	Email:		
Social Security #	Sirth Date:		Sex: Male	e 🗌 Female
Valid Photo ID#			Issuing St	ate:
Type of Identification:				
\square Driver License \square Non-Driver License \square Pas	ssport	Income Maintenance I	ssued ID	
Other Issued ID				
Once issued a business license is not transferable, r New Haven General Code of Ordinances and Connec granted.			_	-
By signing this application the Applicant is authorized individuals, partners or officers of the entity to which copy of the City of New Haven Ordinance Rules & Re	h the business lic	cense is issued. The Ap	plicant further o	certifies that a
Signature:		Da	ite Signed:	



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CERTIFICATION ACKNOWLEDGMENT

I hereby certify that I have read the Ordinances and/or Rules/Regulations which pertain to **Street Vendor** license operations for the City of New Haven. I understand that I must comply with these Ordinances and/or Rules/Regulations at all times or be subject to enforcement actions by the City of New Haven.

I understand that if my application for Street Vendor License is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw my application for any other reason, there will be a fifty dollar (\$50.00) administrative fee withheld from my payment reimbursement. Once issued a permit or license is non-refundable and non-transferable.

PRINT YOUR NAME	
YOUR SIGNATURE	
BUSINESS NAME	
DATE	



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REQUEST FOR CRIMINAL RECORD CHECK

New App	New Applicant		Renewal Applicant	
Date:				
License Type: Auction/Auctioneer				
Broker				
Parking Lot/Garage				
Sales				
Managing Itinerant Vendor				
Street Vendor Food	Peddler			
Applicant: Last Name	First Name		Middle	
Date of Birth	Social Security N	Number		
Address	City	State	Zip Code	
Gender: Race: Male FemaleBlack	_WhiteHispar	nic Asian	Other:	
Court Case(s) Pending: Yes _	No Rece	ntly Disposed of o	n	
Signature Required:				