



# CANTON POLICE DEPARTMENT

45 RIVER ROAD  
CANTON, CONNECTICUT 06019  
860-693-0221



## PEDDLERS AND SOLICITORS APPLICATION

**Until such time as the permit is approved, you are unable to solicit or vend in the Town of Canton.**  
**Must provide: State DMV Photo Operator's License or Other Photo ID to attach to permit request**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Applicant Information: DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone # of Employer: \_\_\_\_\_ State Tax ID # \_\_\_\_\_

Nature of Goods, Wares, Merchandise: \_\_\_\_\_

Present Location of Merchandise: \_\_\_\_\_

Delivery Method of Merchandise: \_\_\_\_\_

Do you have Written Permission from the Property Owner: \_\_\_\_\_; If YES, please provide copy.

Vehicle(s): Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State: \_\_\_\_\_

Have You Ever Been Arrested: \_\_\_\_\_. If you answered YES please explain on the reverse side all arrests within the last five (5) years. Include the arrest date, town, state, criminal charge(s), and the court disposition.

Have you or your employer ever been sued in a civil court action alleging fraud or misrepresentation: \_\_\_\_\_  
If you answered YES, please explain on the reverse side.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chief of Police: \_\_\_\_\_  Approved  Disapproved

Date of Approval: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Date Permit Expires: \_\_\_\_\_

Fee Schedule: \_\_\_\_\_ One day (\$25) \_\_\_\_\_ One week (\$50) \_\_\_\_\_ Six Months (\$100) \_\_\_\_\_ One Year (\$200)