



**East Lyme Police Department
Office of the Chief of Police
PO Box 519
277 West Main Street
Niantic, CT 06357**



Solicitor/Vendor Permit Application

Company Name: _____

Company Address: _____

Company Representative Name and address: _____

Company Representative Phone# and email address: _____

Description of Business: _____

Description of Goods to be sold: _____

Method of Contact: _____

Method and location of delivery: _____

Length of time permit is being requested for: _____

of Employees that will be soliciting/vending in East Lyme: _____

List of towns or locations where applicant has conducted business:

Names of at least two property owners who can certify to the representative's character:

Please indicate below if representative has been convicted of any crime, misdemeanor or violation of any municipal ordinance, the nature of the offense, and the penalty assessed therefore:

Signature & Date:

By signing this application, the representative agrees to comply with the provisions of said ordinance that has been provided and acknowledges all information to be truthful.

Include:

- A copy of any literature/brochure that will be handed out
- A completed background screening form, (accompanied with the screening fee of \$18.50 per employee). A background screening will be conducted on each employee
- A two inch square photograph of representative taken within the last sixty days
- A copy of the employee's valid driver's license or government issued id
- For each motor vehicle being used, a copy of valid registration and insurance card

Upon receipt of this completed application and background screening by the Chief of Police, his office will have ten days to determine approval or denial of the requested permit.

Chief of Police: _____

Date: _____



Town of East Lyme



National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

Check if needed:

o Motor Vehicle Check – DL #: _____

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name:

_____ Date: _____

Signature: _____

SOLICITOR/PEDDLING PERMITS

- Completed Permit Application
- Vehicles: Current MV Registration & Current Insurance Card
Workers comp insurance binder from employer
Lighthouse Inspection Certificates ****Food Vendors****
- Employees: Completed background screening form & copy of current driver's license
Owner required to submit background screening form & copy of current driver's license ****Food Vendors****
- Two Checks – Made out to “Town of East Lyme”
 - ***Solicitor/peddler***:**
 - One check for employee background check (\$18.50 x # of employees)
 - One check \$10 per day/per person x # of days to solicit, include solicitation dates
 - ***Food vendor***:**
 - One check for Vehicle (\$45.00 x # of vehicles)
 - One check for background check (\$18.50 x # of employees)