



DEPARTMENT OF POLICE SERVICES
 2900 DIXWELL AVENUE
 HAMDEN, CONNECTICUT 06518

PHOTO

PERMIT NUMBER: _____ (ISSUED BY POLICE DEPARTMENT)

DATE ISSUED: _____ EXPIRATION DATE: _____

APPLICATION FOR: SOLICITING LICENSE

INSTRUCTIONS FOR APPLICANT (PRINT OR TYPE)

1. ANSWER ALL QUESTIONS. If additional space is required use a plain white 8 1/2" x 11" paper.
2. Applicant must submit (1) one current passport size photograph. (2"x2" photos) NO CROPPING of regular size photographs.
3. Applicants must be fingerprinted by the Hamden Police. Hamden Police Applicant Card \$25.00 fee (Cash or Check) Payable to "Biometric Identification Services" Fingerprinting: The State no longer accepts money orders or bank checks to accompany fingerprints. (This used be a \$75.00) You MUST pre-enroll to be fingerprinted and pay online via credit card only. The website to enroll is <https://ct.flexcheck.us.idemia.io/cchrspreenroll/> The service code for Hamden PD Soliciting permit fingerprints is B1E9-7926. Once you are pre-enrolled to be fingerprinted you MUST bring a printed copy of the barcode/ tracking number with you. If the barcode /tracking number does not accompany the fingerprints we will NOT be able to accept the application. Please note that once you complete the pre-enrollment process and pay online there are NO refunds.
4. Applicant must show positive proof of Identification by including copy of operator license or state ID.
5. Completed Application must be signed and notarized.
6. The Fee for a License to Solicit is \$25.00 for one year *Make check payable to "Town of Hamden"*

FINGERPRINTING SCHEDULE
Wednesday 10 am to 2 pm

APPLICANT'S NAME: _____ DATE: _____
LAST FIRST M.I OF APPLICATION

HOME ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOME PHONE: () _____ BUSINESS PHONE: () _____

LIST ANY OTHER PLACES OF RESIDENCE DURING THE PAST (5) YEARS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOW LONG HAS BUSINESS BEEN IN EXISTENCE: _____

HAS YOUR BUSINESS BEEN CONDUCTED IN ANY OTHER NAME DURING THE PAST
(7) SEVEN YEARS? YES NO

IF YES, WHAT WAS THE NAME OF THE BUSINESS? _____

ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

DESCRIBE IN DETAIL THE NATURE OF THE BUSINESS AND THE GOODS OR
SERVICES TO BE SOLICITED.

IF A MOTOR VEHICLE IS TO BE USED IN THE SOLICITING AND/OR DELIVERY OF
ANY ITEMS, FILL IN THE INFORMATION BELOW:

YEAR: _____ MAKE: _____ MODEL: _____ TYPE: _____
COLOR: _____ REGISTRATION PLATE: _____ STATE: _____

LIST ANY ADDITIONAL VEHICLE INFORMATION ON A SEPARATE SHEET OF PAPER

APPLICANT'S PERSONAL INFORMATION

HAVE YOU USED ANY OTHER NAME(S) IN THE PAST? YES NO

IF YES, WHAT NAME(S)? _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MM DD YYYY

HEIGHT: ____' ____" WEIGHT: _____ LB HAIR COLOR: _____ EYE COLOR: _____

SCARS, MARKS, TATTOO'S YES NO IN YES, _____
LOCATION & DESCRIPTION

LOCATION & DESCRIPTION

SOCIAL SECURITY NUMBER: _____ STATE: _____
DRIVER LICENSE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OR MOTOR VEHICLE
OFFENSE? YES NO

IF THE ANSWER TO THE PREVIOUS QUESTIONS IS YES, THEN LIST ALL SUCH
ARREST AND THE DISPOSITIONS BELOW: (USE A SEPARATE SHEET OF PAPER IF NEEDED)

OCCUPATION(S) DURING THE PAST YEAR: _____

PLACE OF EMPLOYMENT DURING THE PAST YEAR: _____

ADDRESS OF EMPLOYMENT DURING THE PAST YEAR: _____

LIST THE PERIOD OF TIME DURING WHICH THE APPLICANT INTENDS TO SELL ITEMS OR SOLICIT ORDERS IN THE TOWN OF HAMDEN:

LIST ANY OTHER TOWNS/CITIES WHERE YOU HAVE A VALID PERMIT TO CONDUCT SIMILAR BUSINESS: _____

CONNECTICUT STATE STATUE 53a-157 FALSE STATEMENT: CLASS A MISDEMEANOR

A PERSON IS GUILTY OF FALSE STATEMENT WHEN HE/SHE INTENTIONALLY MAKES A FALSE WRITTEN STATEMENT UNDER OATH OR PURSUANT TO A FORM BEARING NOTICE. AUTHORIZED BY LAW, TO EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE, WHICH HE DOES NOT BELIEVE TO BE TRUE AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION. FALSE STATEMENT IS A CLASS A MISDEMEANOR.

THE PENALTY FOR A CLASS A MISDEMEANOR IS IMPRISONMENT FOR A TERM NOT TO EXCEED ONE YEAR, OR A FINE NOT TO EXCEED \$1,000.00 OR BOTH A FINE AND IMPRISONMENT (SECTIONS 53A-28(b), 53a-36, and 53a-42)

I DECLARE, UNDER THE PENALTIES OF FALSE STATEMENT, THAT THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATIONS ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE: _____ DATE: _____

SUBSCRIBED TO AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

(FOR POLICE USE ONLY)

TYPE OF IDENTIFICATION _____ PHOTOGRAPHS SUBMITTED _____

FINGERPRINTED BY _____ DATE: _____ SENT TO STATE POLICE _____

FINGERPRINT CHECK RETURNED BY STATE POLICE _____ RESULTS _____

SPRC DONE (DATE) _____ HAMDEN POLICE SPECIAL INVESTIGATION CHECK DONE (DATE) _____

N.C.I.C. CHECK DONE (DATE) _____ OFFICER CONDUCTING INVESTIGATION _____

APPROVED BY _____ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE
(CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS _____ DAY OF _____ 20_____

FEE REQUIRED YES NO AMOUNTS _____ PAID ON (DATE) _____



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 HAMDEN, CONNECTICUT 06518

P H O T O

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Make check payable to "Town of Hamden"

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N.C.I.C. CHECK DONE (DATE) _____ OFFICER CONDUCTING INVESTIGATION _____

APPROVED BY _____ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE
(CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS _____ DAY OF _____ 20____

FEE REQUIRED YES NO AMOUNTS _____ PAID ON (DATE) _____

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