

**TRANSIENT MERCHANT LICENSE APPLICATION**

FEE: \$55.00 license	(Acct #100.125.442300.44230)
15.00 processing	(Acct #100.125.461100.46112)
<u>7.00</u> record check	(Acct #100.125.461100.46112)
\$77.00 TOTAL	

Chapter 33 of the City of Hartford Municipal Code requires all transient merchants to register prior to commencing business within the City of Hartford. In addition to completing application, the applicant must make an appearance before the Common Council before a license can be issued. An application fee of \$77.00 is required. License is valid 1 year from date of issue.

PRESENT TO THE CLERK: 1. Proof of identity  
2. A State Certificate of Examination & Approval if business involves weights and measures  
3. A State Health Officer's Certificate if business involves the handling of food or clothing and as required to be certified under State law

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMANENT ADDRESS: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

TEMPORARY ADDRESS: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

VEHICLE: Make \_\_\_\_\_ Model \_\_\_\_\_ Year: \_\_\_\_\_

LICENSE: Number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

NATURE OF BUSINESS: Direct Sell \_\_\_\_\_ Solicitation \_\_\_\_\_ Other \_\_\_\_\_

DESCRIPTION OF GOODS OFFERED FOR SALE: \_\_\_\_\_  
\_\_\_\_\_

PROPOSED METHOD OF DELIVERY: \_\_\_\_\_  
\_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

HOME OFFICE ADDRESS: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

LIST AT LEAST THREE MUNICIPALITIES WHERE YOU HAVE CONDUCTED SIMILAR BUSINESS:

City/State \_\_\_\_\_ Dates \_\_\_\_\_

City/State \_\_\_\_\_ Dates \_\_\_\_\_

City/State \_\_\_\_\_ Dates \_\_\_\_\_

LIST BELOW AN ADDRESS (a) WHERE YOU CAN BE REACHED FOR AT LEAST SEVEN (7) DAYS AFTER LEAVING HARTFORD, AND A LOCATION (b) WHERE YOU CAN BE REACHED FOR AT LEAST SEVEN (7) DAYS AFTER THE DELIVERY OF GOODS (IF APPLICABLE):

(a) Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

(b) Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I (HAVE) (HAVE NEVER) BEEN CONVICTED OF ANY CRIME OR ORDINANCE RELATED TO A DIRECT SELLING BUSINESS WITHIN THE LAST FIVE (5) YEARS. IF YOU HAVE, LIST CONVICTIONS BELOW:

Date \_\_\_\_\_ City/State \_\_\_\_\_ Violation \_\_\_\_\_

Date \_\_\_\_\_ City/State \_\_\_\_\_ Violation \_\_\_\_\_

Date \_\_\_\_\_ City/State \_\_\_\_\_ Violation \_\_\_\_\_

I hereby certify that the foregoing statements are true and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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(FOR POLICE DEPARTMENT USE ONLY; DO NOT WRITE BELOW THIS LINE)

I have received the information submitted within this application and have found it to be:

Accurate \_\_\_\_\_ Inaccurate \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license.

Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based upon this information, I recommend that the license be: Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

(TO BE COMPLETED BY CLERK)

Date Application Received and Filed with Municipal Clerk \_\_\_\_\_

Date of Appearance Before the Common Council \_\_\_\_\_

Date License Issued \_\_\_\_\_ Date License Expires \_\_\_\_\_ License # \_\_\_\_\_

Clerk's Signature \_\_\_\_\_ Date \_\_\_\_\_