Robert Dillon
Building Official

City of New Haven
Permit & License Center

200 Orange Street, Room 501
New Haven, Connecticut 06510

Justin Elicker
Mayor

License Type: **SALES**

☐ CLOSE OUT ☐ DOOR-TO-DOOR
☐ TAG SALE

Date Application Submitted: _____

Business Address: _____ Telephone: _____
(Street Address/State/Zip)

Location Where Sales To Be Conducted: _____

Description of Merchandise to be sold: _____

I, hereby agree to abide by all of the rules and regulations pertaining to **SALES** as defined by the City of New Haven General Code of Ordinances and Connecticut General Statutes.

Applicant Name: _____ _____ _____
(Last) (First) (Middle)

Applicant Address: _____ _____ _____ _____
(Street #) (Street Name) (City) (State) (Zip)

Phone: _____ Email: _____ Birth Date: _____ Age: _____

Issue Valid Photo ID# _____ Issuing State: Expiration Date: _____

Type of Identification: _____

Once issued a business license is not transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is granted.

By signing this application the Applicant is authorizing the City of New Haven to complete a background check on individuals, partners or officers of the entity to which the business license is issued. The Applicant further certifies that a copy of the City of New Haven Ordinance Rules & Regulations governing this business license has been received.

Signature: _____ **Date Signed:** _____

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CERTIFICATION ACKNOWLEDGMENT

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

I/We understand that if my/our application for Sales 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.

_____
Print Your Name

_____
Your Signature

_____
Business Name

_____
Date

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REQUEST FOR CRIMINAL RECORD CHECK

Sales

License Type:
- ☐ Close-Out
- ☐ Door-to-Door
- ☐ Tag Sales

Name: _____
Last First Middle

Former Alias: _____

Current Address: _____
Street Name City/Town State Zip code

Date of Birth: _____ Social Security No: _____

Gender: ☐ Male ☐ Female

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The City of New Haven or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The City of New Haven and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

The information contained in this application is correct to the best of my knowledge. I hereby authorize the City of New Haven - Police Department and its designated agents and representatives to conduct a comprehensive review of my background consumer report and/or an investigative consumer report to be generated for licensure.

Signature Required: _____ Date: _____