



BRIDGEPORT POLICE DEPARTMENT

ASSISTANT VENDOR PERMIT APPLICATION



Name: _____

Address: _____

City/State: _____ Zip Code: _____

Date of Birth: _____

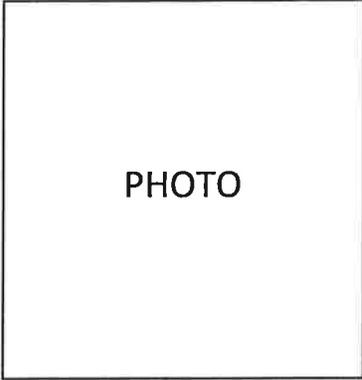
Telephone: _____

Social Security: _____

Primary Vendor Name _____

Full Name of Business: _____

Signature: _____ Date: _____



PHOTO

Permit# _____

Bridgeport Police Department
Hold the City of Bridgeport Harmless Form

The undersigned, who has applied for a Vendor's License, either as a principal or agent, agrees to indemnify and hold harmless the City of Bridgeport and its officers, employees, agents, and assignees from any and all claims, actions, injuries and damages of any kind and description that may accrue to or be suffered by any person by reason of or related to vending of goods, wares, merchandise or food by said applicant or the granting of a license to do so.

APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE

WITNESS