



Bridgeport Police Department Vendor Permit Application

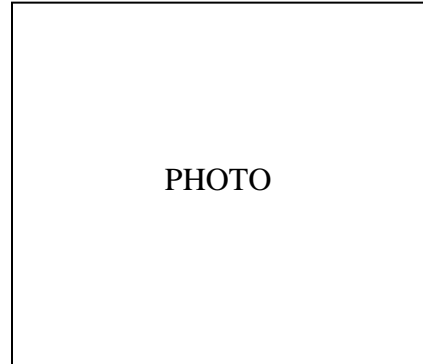
Name: _____

Address: _____

City/State: _____ Zip Code: _____

Date of Birth: _____

Telephone: _____



Full Name of Business: _____

Type of merchandise to be sold: _____

State of Connecticut Tax ID Number: _____

Name of Insurance Company: _____

Policy Number: _____

Have you ever had a Vendor Permit revoked or suspended? Yes _____ No _____

Is a motor vehicle used in vending? Yes _____ No _____

Signature: _____ Date: _____

PERMIT #: _____

DATE ISSUED: _____

TYPE OF EVENT: (check one) SPECIAL EVENT _____ SEMI-ANNUAL _____

VALID FROM: _____ TO _____

FEE COLLECTED: _____