



# City of New Haven Permit & License Center

200 Orange Street, Room 501  
New Haven, Connecticut 06510



**Justin Elicker**  
Mayor

**James Turcio**  
Building Official  
Issuing Authority

License Type: <u>SALES</u>	<input type="checkbox"/> CLOSE OUT	<input type="checkbox"/> DOOR-TO-DOOR
	<input type="checkbox"/> 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: \_\_\_\_\_