



James Turcio
Building Official
Issuing Authority

City of New Haven
BUILDING DEPARTMENT
Permit & License Center

200 Orange Street, 5th Floor ▪ New Haven, Connecticut 06510
www.cityofnewhaven.com



Toni N. Harp
Mayor

License Type: SALES

- CLOSE OUT DOOR-TO-DOOR
 TAG SALE

Date Application Submitted: _____

License Is Hereby Granted To: _____
(Individual Name & Business Name under which **Sales** is to be operated)

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)

Home Phone: _____ Mobile Phone: _____ Email: _____

Social Security # _____ Birth Date: _____ Sex: Male Female

Valid Photo ID# _____ Issuing State: _____

Type of Identification:

- Driver License Non-Driver License Passport State Income Maintenance Issued ID

Other Issued ID (ID Type) _____

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

___ **New Applicant** ___ **Renewal Applicant**

Date: _____

License Type:

- ___ Auction/Auctioneer
- ___ Broker
- ___ Parking Lot/Garage
- ___ Street Vendor ___ Food ___ Peddler ___ Managing Itinerant
- ___ **Sales** ___ **Close-Out** ___ **Door-to-Door** ___ **Tag**

Applicant:

_____	_____	_____
Last Name	First Name	Middle
_____	_____	
Date of Birth	Social Security Number	
_____	_____	_____
Address	City	State Zip Code

Gender: ___ Male ___ Female **Race:** ___ Black ___ White ___ Hispanic ___ Asian ___ Other: _____

Court Case(s) Pending: ___ Yes ___ No ___ Recently Disposed of on _____
Date

Signature Required: _____