



# TOWN OF EASTON, CONNECTICUT POLICE DEPARTMENT



## SOLICITOR PERMIT APPLICATION

**PERMIT** \_\_\_\_\_ **30 DAY** \_\_\_\_\_ **60 DAY** \_\_\_\_\_ **90 DAY** \_\_\_\_\_

Date: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

**NATURE OF BUSINESS:** \_\_\_\_\_

**BUSINESS LICENSE #:** \_\_\_\_\_

**INSURANCE NAME:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**NAME OF SUPERVISOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**APPLICANT'S FULL NAME:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

**CONTACT PHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**DRIVER'S LICENSE / STATE ISSUED ID #:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

Vehicle Make	Model	Year	Color	State	License Plate #

Please add separate page(s) if necessary, to answer each question to the fullest extent.

Have you ever been denied a license/permit to solicit and/or has such a license/permit ever been revoked?    No    Yes

If "Yes", Where and Why: \_\_\_\_\_

Have you ever been arrested?    No    Yes

If "Yes", list Date(s), Location(s), Charge(s), and Details: \_\_\_\_\_

Have you ever been convicted of any Felony or Misdemeanor Crime?    No    Yes

If "Yes", list Date(s), Location(s), Charge(s), and Disposition(s): \_\_\_\_\_

**PLEASE READ EACH STATEMENT AND INITIAL ACKNOWLEDGMENT**

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I hereby agree by signing this document that a background check may be conducted, and any checks necessary to determine suitability of obtaining a solicitor permit within the Town of Easton, CT.  
\_\_\_\_\_

I hereby certify that all the information contained herein is true and correct to the best of my knowledge.  
\_\_\_\_\_

I understand any false or omission of information is ground for immediate denial or revocation of permit.  
\_\_\_\_\_

**SEC. #53A-157. FALSE STATEMENT: CLASS A MISDEMEANOR.**

(a) A person is guilty of False Statements when he/she intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he/she does not believe to be true and which statement is intended to mislead a public servant in the performance of his/her official function.

(b) False Statements is a class A Misdemeanor. The penalty for Class A Misdemeanor is imprisonment for a term not to exceed one year, or a fine not to exceed \$1,000. Or both a fine and imprisonment. (Sections 53a-28(b), 53a-36, and 53a-42.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires