

MEMORIAL DAY PARADE

TO: Vendor Applicants

SUBJECT: Vendor Permits

MEMORIAL DAY PARADE ON MAY 29

Permits for the Memorial Day Parade are \$5.00 each and are good for one day only. The \$5.00 fee is non-refundable. Each vendor must complete a Town of Stratford Vendor Permit Application and return it to Police headquarters with a bank check, money order or cash no later than Friday, May 12. Multiple vendors working for the same company must submit individual applications. The \$5.00 is waived for veterans with accompanying proof.

There will be a limited number of applications granted for Memorial Day. The selection process will be done after May 12. The selected applicants will be notified at that time and all other applications will be returned.

Once this department grants the applications, permits in the form of nametags will be printed and will be available for pick-up BY APPOINTMENT at the Records Division at Police Headquarters on Thursday, May 26.

The nametags must be worn on the left or right shirt pocket area of each vendor during the parade. Each vendor must also carry appropriate identification. The permits are non-transferrable.

Vendors are reminded that Silly String is NOT to be possessed or sold. Violators will be subject to permit revocation.

NO APPLICATIONS WILL BE ACCEPTED AFTER MAY 12



STRATFORD POLICE DEPARTMENT

Records Division

900 Longbrook Avenue • Stratford, Connecticut 06614-5099
(203) 385-4130 • Fax: (203) 380-6756



VENDORS PERMIT APPLICATION

APPLICANT INFORMATION

Date		Social Security Number:	
Name:		Date of Birth:	
Sex:	Height:	Weight:	Hair Color:
Address (Street, Town, State, Zip):			
Home Phone:		Business Phone:	
Operator's License Number & State:			
Have you ever been arrested for, or convicted, of any crime (check one)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, (Date, Charges, Disposition, City/Town of offense):			

APPLICANT BUSINESS / EMPLOYER INFORMATION

Nature of goods to be sold:	
State sales tax number:	Copy attached: <input type="checkbox"/>
Company Name:	
Company Address (Street, Town, State, Zip):	
Supervisor Name/Crew Leader:	Cell phone:

APPLICANT SIGNATURE

(Any false or misleading information provided will be cause for DENIAL)

SIGNATURE OF APPLICANT:
PRINT FULL NAME:

PROPER PHOTO IDENTIFICATION MUST BE PROVIDED FOR EACH APPLICANT
UPON HANDING IN THIS APPLICATION AND COPY ATTACHED

DO NOT WRITE BELOW THIS LINE - DEPARTMENT USE ONLY

APPROVED: <input type="checkbox"/>	DENIED: <input type="checkbox"/>
RECORDS LT. SIGNATURE:	DATE: