



APPLICATION FOR PERMIT AND LICENSE CITY OF TORRINGTON

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____

Sex _____ D.O.B. _____ Social Security No. _____

Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Permanent Home Address _____

City _____ State _____ Zip _____

Phone No. _____

Nature of Business _____

Goods to be sold _____ Delivery Method _____

Use of monies to be solicited _____

Place where goods are sold _____

Where are goods located _____

Name of Employer _____

Address of Employer _____

City _____ State _____ Zip _____

PLEASE LIST THE FOLLOWING FOR EACH EMPLOYEE

1. Last Name _____ First Name _____ MI _____

Permanent Home Address _____

City _____ State _____ Zip _____

Sex _____ Race _____ Date of Birth _____ Height _____
Weight _____ Hair Color _____ Color of Eyes _____

2. Last Name _____ First Name _____ MI _____

Permanent Home Address _____

City _____ State _____ Zip _____

Sex _____ Race _____ Date of Birth _____ Height _____

Weight _____ Hair Color _____ Color of Eyes _____

3. Last Name _____ First Name _____ MI _____

Permanent Home Address _____

City _____ State _____ Zip _____

Sex _____ Race _____ Date of Birth _____ Height _____

Weight _____ Hair Color _____ Color of Eyes _____

4. Last Name _____ First Name _____ MI _____

Permanent Home Address _____

City _____ State _____ Zip _____

Sex _____ Race _____ Date of Birth _____ Height _____

Weight _____ Hair Color _____ Color of Eyes _____

-----BELOW FOR OFFICE USE ONLY-----

Records Check by _____

_____ **Approved** _____ **Denied** _____ **Reason** _____

Name Nature of Offense Date Location of Conviction

FEE: \$ _____ **Current State License** _____ **State Tax No.** _____