



**CITY OF STAMFORD**  
**Cashiering & Permitting Division**  
**888 Washington Blvd. Stamford, CT. 06901**  
**203-977-4692 \* 203-977-4979**

**APPLICATION FOR SOLICITORS PERMIT**

The following information/forms that you will need to obtain a Solicitors Permit.

- A copy of the City Charter containing the ordinance that regulates the issuance of license in Stamford. **Please read the entire Ordinance prior to filling out the application.**
- Notarized Affidavit
- Notarized Hold Harmless Agreement

Each individual MUST complete the application process and obtain his/her own license.

Applicant must submit:

1. A copy of State of Connecticut Sales and Use Tax Permit or a copy of a Tax Exemption Permit.
2. A certificate of Insurance naming the City of Stamford, its officers, employees, agents and assigns as the additional named insured. Policy is required for a minimum of \$1,000,000.00 against any and all damage and injury to property or person by reason or, related to, the licensee's use of public streets, sidewalks, or places to vend or solicit business.
3. A State of CT. letter of criminal conviction record.
4. Application fees \$200.00

Once the application is approved, a photo ID is issued.



**CITY OF STAMFORD**  
**Application for Solicitors Permit**

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

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Firm/Company name: \_\_\_\_\_

Business address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

PRODUCTS OR SERVICES TO SOLICIT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Applicant's Description:

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Marks: \_\_\_\_\_

2. Have you ever had a vendor or solicitor permit revoked? Yes  No

If yes, explain where and why \_\_\_\_\_

3. Honorable discharged Veteran? Yes (Copy required) \_\_\_\_\_ No \_\_\_\_\_

4. Automobile to be used for Soliciting (photocopy requested): Make: \_\_\_\_\_ Year: \_\_\_\_\_

Type: \_\_\_\_\_ Plate #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

5. Have you ever been convicted of a crime? Yes  No

If yes, explain where and why \_\_\_\_\_

6. Do you plan to vend/solicit in the Downtown District? Yes  No

If yes, Downtown Special Services District approval is required. \_\_\_\_\_

DSSD Official Signature

**I SWEAR UNDER THE PENALTIES OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of applicant & Date

\*\*\*\*\*

\_\_\_\_\_  
Police Dept. (State of CT. Conviction Record checked)

\_\_\_\_\_  
Risk Manager

\_\_\_\_\_  
Cashiering & Permitting Official

\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Date Issued



**AFFIDAVIT**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print full name) Street address

\_\_\_\_\_ know the meaning of an oath  
and I do hereby swear and attest to the truth of my answers to the following:

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MISDEMEANOR? \_\_\_\_\_
2. IF THE ANSWER TO QUESTION #1 IS YES, IN WHAT STATE AND CITY WERE YOU CONVICTED? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

***False statements are punishable under Section 53a-157 of the Connecticut General Statutes.***

STATE OF :  
: ss  
COUNTY OF :

On this the \_\_\_\_\_ day of \_\_\_\_\_, personally  
appeared \_\_\_\_\_ and made oath to the truth of the  
matters contained therein, before me.

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

My commission expires: \_\_\_\_\_



## HOLD HARMLESS AGREEMENT

\_\_\_\_\_ agrees to indemnify and hold harmless the City of Stamford and its officers, employees, agents and assigns from any and all claims, actions, injuries and damages of every kind and description which may accrue to, or be suffered by any person or property, thereof by reason of or related to the soliciting by said applicant or the granting of a license to do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

