

**TOWN OF LEDYARD
741 COLONEL LEDYARD HIGHWAY
LEDYARD CONNECTICUT 06339**

REQUIREMENTS FOR LICENSEE

1. If food is to be sold, a health inspection of the facility, equipment and where food is to be prepared must be conducted by Ledge Light Health District, which is located at:

Ledge Light Health District
216 Broad Street
New London, CT 06320
860-448-4882

No permit will be issued without a signed receipt of payment and certificate from Ledge Light Health District.

All applicants must have a State of Connecticut Sales and Use Tax Number, you may obtain this via the web at <http://www.ct.gov/drs/>, the online process takes 7 days or more. You may visit the State of Connecticut Department of Revenue Services Office at the Hartford address below for same day service:

State of Connecticut Department of Revenue Services
25 Sigourney Street, Ste 2
Hartford, CT 06106
1-800-382-9463

1. Permits are designated for the Licensee of the business and are a fee of \$100.00 valid for 1 year from date of issue.
2. Licenses are issued to employees of the Licensee with a fee of \$10.00 per employee valid for 1 year from date of issue.

Please call 860-464-3222 if you have any questions or visit our website at www.ledyardct.org <<http://www.ledyardct.org>>

TOWN OF LEDYARD

CONNECTICUT OFFICE OF THE MAYOR

741 Colonel Ledyard Highway
Ledyard, CT 06339-1551
(860) 464-3222
FAX (860) 464-8455

REQUEST FOR LICENSEE

Business Information

Name of Business: _____

Address of Business: _____

City _____ State _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Description of Sales Route/Area _____

Merchandise to be Sold: _____

Are you Associated with another Licensee: Yes/No Who: _____

Do you have a vending license from another municipality: Yes/No Who: _____

Vehicle Information

Make _____ Model _____ Year _____ Color _____

Registration No. _____ State of Reg. _____ Insurance _____

Required Documentation

CT Resale Number _____

Copy of Liability

Insurance _____

CT License/Permit to Sell Fireworks etc) _____ Letter from Fire Marshal _____

Ledge Light Health Permit for Food _____

Copy of Letter from Property Owner Authorizing Usage _____

Please Provide Two Recent Photos _____

Individual Information

Name: _____

(Street) (City) (State)

(Zip)

Local Address if different: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Have you ever been arrested? Yes _____ No _____

If yes - _____

Charge

When/Where

Disposition

Driver's License Number _____ State of Issue _____

Visible Scars/Markings _____

Signature of Applicant: _____ Date: _____

License (s) Issued on: _____, 201__ License Number: 201__ - _____

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CONNECTICUT
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REQUEST FOR SUB-LICENSEE

TOWN OF LEDYARD LICENSE NUMBER _____

Business Information

Name of Business: _____

Address of Business: _____
City _____ State _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Description of Sales Route/Area _____

Merchandise to be Sold: _____

Are you Associated with another Licensee: Yes/No Who: _____

Do you have a vending permit from another municipality: Yes/No Who: _____

Individual Information

Name: _____

(Street) (City) (State)
(Zip)

Local Address if different: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Have you ever been arrested? Yes _____ No _____

If yes - _____

Charge _____ When/Where _____

Disposition _____

Driver's License Number _____ State of Issue _____

Visible Scars/Markings _____

Signature of Applicant: _____ Date: _____

Vehicle Information

Make _____ Model _____ Year _____ Color _____

Registration No. _____ State of Reg. _____ Insurance _____

Signature of Applicant: _____ Date: _____

License Issued on: _____, 201__ License Number: 201__ - __ - __