



Town of Cromwell

Vendor Application

Name : _____

Business Name: _____

Address: _____

Email: _____

Phone: _____ Cell: _____

CT Sales Tax #: _____

Cromwell Health Department Permit # (If Applicable): _____

CT Driver's License # (If no license DOB): _____

List of **All Employees** working the event:

Name	CT Driver's License # (If no license DOB)	Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare, under the penalties of False Statement, as stated in Section 53a-157 of the Connecticut General Statutes, that the answers to the above are true and correct. In addition, if I have falsified, misrepresented or omitted any item in this application, I will not be entitled to participate in the Riverport Food Festival.

Applicant Signature

Date

Print Name

Business Name