



TOWN OF CROMWELL FARMERS MARKET CROMWELL POLICE DEPARTMENT VENDOR APPLICATION

NAME: _____

BUSINESS/FARM NAME: _____

ADDRESS: _____

EMAIL: _____

WORK / CELL PHONE: _____

CONNECTICUT SALES TAX #: _____

CONNECTICUT DRIVER'S LICENSE NUMBER (if no license number, Date of Birth):

List of all Employees working at the Town of Cromwell Farmers Market:

<u>NAME</u>	<u>CT DRIVER'S LICENSE / DOB</u>	<u>CELL PHONE</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Town of Cromwell Farmers Market.

Applicant Signature

Date

Print Name

Business/Farm Name