



## **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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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