PLAINFIELD – CENTRAL VILLAGE – MOOSUP – WAUREGAN

8 Community Avenue
Plainfield, CT 06374
Town Clerk and
Registrar of Vital Statistics
Tel: 860-230-3009 or 3010
Fax: 860-230-3011
Email: dtalbot@plainfieldct.org

VENDOR PERMIT

THIS IS TO CERTIFY THAT _____ _____, DOING
FIRST NAME **LAST NAME**

BUSINESS AS_____ OF _____

_____ _____
BUSINESS NAME **ADDRESS**

IS HEREBY PERMITTED TO VEND OR PEDDLE MERCHANDISE, OR SERVICE FROM HOUSE TO HOUSE, OR UPON THE PUBLIC STREET IN THE TOWN OF PLAINFIELD.

THE SAID _____ _____, HAS PAID TO THE TOWN
FIRST NAME **LAST NAME**

CLERK OF PLAINFIELD, THE REQUIRED FEE OF $20.00 DOLLARS AS PER ORDINANCE NO. 73 OF THE TOWN.

THIS LICENSE WILL EXPIRE _____, _____.

Dated at Plainfield, Connecticut, this ____ day of _____, _____.

ATTEST: _____
Dianne S. Talbot
Plainfield Town Clerk

*****THIS PERMIT MUST BE DISPLAYED IN PLAIN VIEW AT ALL TIMES*****