



# Town of Portland, Connecticut

33 East Main Street (P.O. Box 71), Portland CT 06480-0071  
860-342-6715 | [www.portlandct.org](http://www.portlandct.org)

## APPLICATION FOR SPECIAL EVENT VENDOR PERMIT

**\*FEE: \$15**

**Food Service License must be issued by Chatham Health District**

### SECTION A. BUSINESS INFORMATION

All businesses must be sufficiently insured, and licensed or authorized to conduct business in Connecticut.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State & ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_

CONNECTICUT SALES TAX NUMBER (C.G.S. 12-409) \_\_\_\_\_

Type of Concession:  Food  Non-Food

Products or merchandise for sale: \_\_\_\_\_

Valid Food Service License Issued by Chatham Health District: \_\_\_\_\_

### SECTION B. APPLICANT INFORMATION (attach a copy of your Driver's License)

Applicant Name: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State & ZIP: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted for committing any crime other than motor vehicle charges?  Yes  No

### SECTION C. EVENT LOCATION

Event/Function Name: \_\_\_\_\_

Location: \_\_\_\_\_

Is location Town-owned:  Yes  No

If the event location is not on Town-owned property, you must apply for a Zoning Permit.

Event Date(s): \_\_\_\_\_

Event Type:  Concert  Festival  Parade  Race/Marathon  Other \_\_\_\_\_

### SECTION D. CERTIFICATION

I hereby certify that the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute this application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I understand that all transactions in the course of the event are subject to any applicable sales tax. I agree to indemnify the Town of Portland and its respective officers, agents, and employees from any and all losses, claims, liabilities, damages, costs, and expenses, including reasonable attorney's fees and courts costs, resulting from the conduct of the applicant, sponsor or promoter, their employees or agents.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY!**

**PROOF OF HEALTH DEPARTMENT APPROVAL:**

DATE:	<i>Signature of Chatham Health District Sanitarian indicates compliance</i>
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**PROOF OF ZONING APPROVAL:**  **Not applicable**

DATE:	ZEO check here if location is exempt <input type="checkbox"/>	<i>Signature of Zoning Enforcement Officer indicates compliance</i>
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**APPLICATION STATUS:**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman/Chief of Police	Date:
Permit #	Issued Date:	Payment Method: