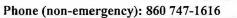


PLAINVILLE POLICE DEPARTMENT

19 NEAL COURT PLAINVILLE, CT 06062



Records Division Fax: 860 747-8151



APPLICATION FOR VENDOR PERMIT

* A fee of \$25 (Cash or Certified Check) is due with the completed application.

Date:				
Name:	Corre			
DOB:	Sex:		2.2.#:	
(HOME ADDRESS)	(CITY)	(STAT	`E)	(ZIP CODE)
Phone Number: ()	*			
Drivers License Number				
Registration Plate Number:				
	(VEHICL	E USED FOR	BUSINESS)	
Connecticut State Tax ID Numb	er:			
Business Name:		Phone: ()_	22
Business Address:				
Business Address:(STREET)	((CITY)	(STATE)	(ZIP CODE)
Description of Business:				
conduct an investigation to determine in the investigation. R given time if the provided inform	f your criminal a evocation of an is	nd/or mo ssued per	tor vehicle mit may be	history may be
	(/	APPLICANT [*]	S SIGNATUR	Ε)
	APPROVED:		REJECTED):
	REASON:			