



Darien Police Department

25 Hecker Avenue
Darien, CT 06820-5398
Tel: (203) 662-5300 Fax: (203) 662-5344

Solicitor Application

Applicant must submit:

1. A copy of State of Connecticut Sales and Use Tax Permit or a copy of a Tax Exemption Permit.
2. A certificate of insurance naming the Town of Darien, its officers, employees, agents and assigns as the additional named insured. Policy is required for a minimum of \$1,000,000.00 against any and all damage and injury to property or person by reason or, related to, the licensee's use of public streets, sidewalks, or places to vend or solicit business.
3. A copy of vehicle registration(s) for any/all vehicles that may be used.
4. All applicants must be fingerprinted prior to approval.
5. Application must be completed in its entirety. Incomplete applications are subject to automatic denial.

Fees (Payable to the Town of Darien):

- \$10 non-refundable investigation fee must accompany each new application (not for repeat applicants)
- \$50/day (including rain date of planned event)
- \$100/week
- \$200/month
- \$250/year

Regulations Concerning Solicitors/Peddlers Operating Within the Confines of the Town of Darien, CT:

Initials

- _____ Solicitors/Peddlers must, at all times, wear their issued badge in a plainly visible location on the outermost garment and carry their permit with them.
- _____ Solicitors/Peddlers permits are **non-transferable**, and apply only to the named and pictured individual listed on the permit.
- _____ If lost or misplaced, another permit will not be re-issued.
- _____ Solicitors/Peddlers may not enter areas of the Town of Darien posted "Private" or "No Trespassing."
- _____ Solicitors/Peddlers must conduct themselves in an orderly and lawful manner at all times.
- _____ Solicitors/Peddlers are required to furnish an order receipt, signed by the Solicitors/Peddlers, describing the goods ordered and payment amount received.
- _____ Solicitors/Peddlers shall go to the front door ONLY of a dwelling/residence.
- _____ Solicitors/Peddlers shall not conduct business before 9:00 A.M. nor after hours of official sunset.



Darien Police Department

25 Hecker Avenue

Darien, CT 06820-5398

Tel: (203) 662-5300 Fax: (203) 662-5344

_____ Solicitors/Peddlers shall show the permit to any such person so solicited or to any Police Officer on request.

_____ Solicitors/Peddlers shall immediately, without question, vacate any residence or premises of a person so solicited, if the person so solicited indicates that he or she does not wish to engage in business with said solicitor.

_____ Solicitors/Peddlers must wear and have visible at all times the photo ID issued by the Town of Darien when soliciting/peddling.

Failure to comply with one or more of these regulations, the Town of Darien Ordinances or Connecticut General Statutes may subject the Solicitors/Peddlers to arrest and/or citation, and/or revocation of the Solicitors/Peddlers permit.

Solicitors/Peddlers may not re-apply for a permit after revocation.

Once a Solicitor Application is approved, a photo ID is issued by the Town of Darien, which must be worn and be visible at all times when soliciting/peddling.



Darien Police Department

25 Hecker Avenue
Darien, CT 06820-5398
Tel: (203) 662-5300 Fax: (203) 662-5344

Solicitor Application

This application must be completed in its entirety. Incomplete applications will be denied.

Please check one of the following: _____ Vendor _____ Peddler _____ Military Veteran (DD-214)

Full Name: _____ D.O.B. _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Soc. Sec. #: _____

Cell phone: _____

All other names by which you may have been known: _____

Home Address

Street: _____ City: _____ State: _____ ZIP: _____

Local Address (i.e. hotel, etc.)

Street: _____ City: _____ State: _____ ZIP: _____

Name of Soliciting Firm You Are Representing: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Local Manager Name and Phone #: _____

Connecticut Sales Tax #: _____ (Required C.G.S. 12-409)

What are orders being solicited for? _____

When taking orders for future delivery, is full payment required at time of solicitation? ____ Y ____ N

How long will you be soliciting? _____

Vehicle(s) used for Soliciting (Copy of registration(s) required):

Make: _____ Model: _____ Year: _____ Plate State/#: _____ Color: _____

Make: _____ Model: _____ Year: _____ Plate State/#: _____ Color: _____

False Statements Are Punishable Under Section 53a-157 of The Connecticut General Statutes (Class A Misdemeanor)

Signature of Applicant: _____



Darien Police Department

25 Hecker Avenue
Darien, CT 06820-5398
Tel: (203) 662-5300 Fax: (203) 662-5344

Solicitor Application - Affidavit

I, _____ of _____
(Full Name) (Full Address)

_____ know the meaning of an oath and I do hereby swear and
(Full Address, cont'd)
attest to the truth of my answers to the following:

1. Have you ever been convicted of a crime or misdemeanor? ____ Y ____ N
2. If the answer to Question #1 is yes, in what state and city were you convicted and when?
3. Have you ever had a permit revoked or denied by any city or town in the State of Connecticut? (List below which city/town)

If the answer is "yes" to any of the above questions, full details must be provided below:

False Statements Are Punishable Under Section 53a-157 of The Connecticut General Statutes (Class A Misdemeanor)

Signature of Applicant: _____

(State of Connecticut }
s.s. Darien
(County of Fairfield }

Subscribed to and sworn to before me this _____ day of _____, _____

Signature of Officer accepting application: _____

Approved by Darien Police Department by: ____ Y ____ N

Permit Expiration Date: _____
License Number Issued: _____



Darien Police Department

25 Hecker Avenue

Darien, CT 06820-5398

Tel: (203) 662-5300 Fax: (203) 662-5344

Solicitor Application - Hold Harmless Agreement

_____ agrees to indemnify and hold harmless the Town of Darien and its officers, employees, agents and assigns from any and all claims, actions, injuries and damages of every kind and description which may accrue to, or be suffered by any person or property, thereof by reason of or related to the soliciting by said applicant or the granting of a license to do so.

Signature of Applicant: _____

Title: _____

Date: _____

Approved by: _____

Proof of Insurance Coverage Provided: ___ Y ___ N

Company Name/Coverage Details/Limits: _____



Darien Police Department

25 Hecker Avenue

Darien, CT 06820-5398

Tel: (203) 662-5300 Fax: (203) 662-5344

Solicitor Application - Pre-Enrollment

Link: <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/>

Service Code: BDOB-CEE6

