

# Madison Police Department

## Vendor Permit Application

**COMPLETE IN FULL. SUBMIT BY EMAIL, POST OR IN PERSON. APPLICATIONS SUBMITTED BY EMAIL, REQUIRING A FEE WILL NOT BE PROCESSED UNTIL THE FEE IS RECEIVED. PERMIT FEE: \$125.00, MADE PAYABLE TO: "TOWN OF MADISON". SUBMIT COPIES OF DRIVER'S LICENSE, REGISTRATION, STATE TAX ID, MILITARY DOCUMENTS AND COMPANY LETTERHEAD. APPLICANTS WILL BE REQUIRED TO SUBMIT FINGERPRINTS. PERMITS WILL NOT BE ISSUED UNTIL THE RESULTS OF SUBMITTED FINGERPRINTS HAVE BEEN OBTAINED.**

Vendor Name:	<input type="text"/>
Vendor Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Tax I.D. Number:	<input type="text"/>
Items to be sold:	<input type="text"/>

### APPROVAL OF PROPERTY OWNER (NOT PERMITTED ON TOWN-OWNED PROPERTY)

I , DO HEREBY PERMIT:  TO  
FUNCTION FROM:  AM/PM, TO:  AM/PM, AS A VENDOR ON MY PROPERTY  
LOCATED AT:   
SIGNED (PROPERTY OWNER):  DATE:

### APPROVAL OF TOWN ZONING ENFORCEMENT OFFICER (IF APPLICABLE)

I HAVE CHECKED THE ABOVE LOCATION AND FIND IT TO BE ZONED FOR COMMERCIAL USE.  
SIGNED (ZONING OFFICER):  DATE:

### APPROVAL OF TOWN HEALTH OFFICER (IF APPLICABLE)

I HAVE INSPECTED AND APPROVED THE APPLICANT VENDOR TO SELL FOOD .  
SIGNED (HEALTH OFFICER):  DATE:

**APPLICANT: IF EITHER YOU OR ANY OR YOUR REPRESENTATIVES HAVE EVER BEEN ARRESTED, INDICATE THE CHARGE(S) AND STATE OF ARREST. ATTACH ADDITIONAL PAGES IF NECESSARY. INDICATE NAME AND DOB.**

**NOTE: THE CHIEF OF POLICE AND/OR HIS/HER REPRESENTATIVE RESERVES THE RIGHT TO REJECT ANY APPLICATION BASED ON ARREST HISTORY IN ACCORDANCE WITH SECTION 11-73 OF TOWN ORDINANCES**

I HAVE REVIEWED THIS APPLICATION AND ALL PROVISIONS OF LAW PERTAINING THERETO AND FIND FULL COMPLIANCE THEREWITH. FURTHER, PAYMENT OF THE PROPER FEE IS HEREBY ACKNOWLEDGED AND RECEIVED  
SIGNED (POLICE OFFICIAL):  DATE:

### POLICE USE ONLY BELOW

CHECK RECD:	<input type="checkbox"/> Y	CHECK NO:	<input type="text"/>	CASH:	<input type="checkbox"/> Y	RECEIPT NO:	<input type="text"/>
APPROVED BY:	<input type="text"/>					DATE:	<input type="text"/>

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### SUPPLEMENT

#### INSTRUCTIONS

COMPLETE IN FULL. ONE SUPPLEMENT PAGE MUST BE COMPLETED FOR EACH PERSON WHO WILL BE ISSUED A VENDOR'S I.D. BADGE PER VENDOR APPLICATION. VENDOR I.D. CARD MUST BE WORN AND DISPLAYED WHILE CONDUCTING BUSINESS.

#### PERSONAL INFORMATION

Name:	<input type="text"/>				
Address:	<input type="text"/>				
Phone Number:	<input type="text"/>				
SEX	<input type="text"/>	RACE	<input type="text"/>	HEIGHT	<input type="text"/>
				WEIGHT	<input type="text"/>
				EYES	<input type="text"/>
				HAIR	<input type="text"/>
Military Service:	<input type="text"/>	Military Serial #:	<input type="text"/>		
Social Security Number:	<input type="text"/>				
Business Name:	<input type="text"/>				
Business Address:	<input type="text"/>				

**APPLICANT: IF YOU HAVE EVER BEEN ARRESTED, INDICATE THE CHARGE(S) AND STATE OF ARREST. ATTACH ADDITIONAL PAGES IF NECESSARY. INDICATE NAME AND DOB.**

#### VEHICLE INFORMATION (EACH VEHICLE USED)

Plate Number:	<input type="text"/>	State	<input type="text"/>	Type:	<input type="text"/>
Registered To:	<input type="text"/>				
Registration Address:	<input type="text"/>				
Manufacturer:	<input type="text"/>	Model:	<input type="text"/>	Color:	<input type="text"/>

#### POLICE USE ONLY BELOW

Record Check:	<input type="text"/>	Record Check Date:	<input type="text"/>
Record Check Performed by:	<input type="text"/>		
I.D. Card Issued:	<input type="text"/>	Vendor Permit Information Disseminated to Patrol/Dispatch :	<input type="text"/>
Disseminated by:	<input type="text"/>		