

2012 GREATER HARTFORD FESTIVAL OF JAZZ  
BUSHNELL PARK, HARTFORD CT.  
JULY 20, 21, 22, 2012

**HEALTH & HUMAN SERVICES APPLICATION\***

SETUP TIME ~ JULY 20, 2:00 SHARP, CITY INSPECTION 4:30 SHARP  
SETUP TIME ~ JULY 21-22, 11:00 SHARP, CITY INSPECTION 12:00 SHARP

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Please Print All Information.

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

Type Of Business: \_\_\_\_\_

Licensed Vendor: YES ( ) NO ( ) # \_\_\_\_\_

Sale/Display Items: \_\_\_\_\_

Your Name / Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The 2012 Greater Hartford Festival of Jazz Board Of Directors  
reserve the right to be selective and limit the number of spaces.

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The GHFJ will provide the following:

- A) (1) 10' x 10' Booth Size
- B) (1) 6' table and 2 chairs
- C) Electrical Outlet will be a 20-amp circuit (exactly what will be plugged into circuit)
- D) **2 Spaces can be purchased for \$550.00 (includes \$25.00 City of Hartford Fee)**

**\*VENDORS WILL NOT BE ALLOWED TO ADD ON TO YOUR SPACE WITHOUT PAYING THE ADDITIONAL FEE. THIS WILL BE STRICTLY ENFORCED.**

## **BOOTH FEE FOR 3 DAYS: \$375**

*(includes \$25.00 City of Hartford Fee)*

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BOOTH SPACE WILL BE RESERVED UPON RECEIPT OF CHECK OR MONEY ORDER AND REGISTRATION FORM. DEADLINE JULY 5th, 2012. AN ADDITIONAL FEE OF **\$50** WILL BE IMPOSED FOR ALL FUNDS RECEIVED AFTER JUNE 25th, 2012.

(ALL MONIES RECEIVED ARE NON-REFUNDABLE. NO CHECKS ACCEPTED AFTER JULY 5th, 2012.)

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Please send application and check to:

The Greater Hartford Festival of Jazz  
P.O.Box 230760  
Hartford, CT 06123-0760

Vendor Submitted: \_\_\_\_\_

DATE: \_\_\_\_\_

Greater Hartford Festival Of Jazz Accepted: \_\_\_\_\_

DATE: \_\_\_\_\_

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**For further information, contact Charles Christie (Site Manager) at 860-490-2199.**

Please visit our website at [www.jazzhartford.org](http://www.jazzhartford.org) for further information about the 2012 GHFJ.



CITY OF HARTFORD  
DEPARTMENT OF DEVELOPMENT SERVICES  
DIVISION OF LICENSES AND INSPECTIONS  
**ITINERANT PEDDLER LICENSE APPLICATION**



**APPLICANT**

Name	
Residential Address	
City ST ZIP Code	
Home Phone	
Business Phone	
Date of Birth	_____ Male / Female

**VENDING FIRM**

Owner	
Name of Business	
Business Location	
CT Sales Tax ID #	
Products vending	
If Food Vending: Health License #	
Annual/ Temporary	Dates of temporary events: _____
Are you self employed	Yes / No
Vehicle/ Pushcart	
Vehicle Make & Model and color	
License Plate #	

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale or use of illegal drugs and alcohol that such arrest is grounds for immediate revocation of my license and notification to the State and Federal agencies.

Name (printed)	
Signature	
Date	