FARMINGTON
Police Department

319 New Britain Avenue
Unionville, CT 06085
Telephone: 860.675.2400

Paul J. Melanson
Director of Public Safety
Chief of Police
melansonp@farmington-ct.org

Kory W. Vincent
Captain

vincentk@farmington-ct.org

In Accordance with Connecticut General Statutes

All Boxes Must be Filled In. If None, Write "None"

PRINT LEGIBLY

Date of Application: _____ **Date Fingerprinted:** _____

Applicant Name: _____ _____ _____
Last *First* *Initial*

Resident Address: _____

Age: _____ **Date of Birth:** _____ **Sex:** _____

Name of Business: _____

Address: _____

Telephone Number: (home) _____ **(business)** _____

List all places of employment within the preceding FIVE years:

_____

_____

_____

_____

List Locations of Storage Warehouses or Satellite Stores, if any (*list any Internet websites or accounts used to conduct the business)*

_____

_____

_____

_____

Arrest Record (other than motor vehicle offenses) *place any additional information on back of page)*:

Charge	Disposition	Date of Arrest	Location

List All Employees *(Must be updated as employees leave and are hired)*:

Name	Address	Date of Birth	Criminal Record

List ALL Principals in the Business and their Titles:

Name	Address	Date of Birth	Title

The information submitted by me in this application is the truth. I agree that if I have falsified any item in this application, I will not be entitled to the license sought. I also fully understand that if I knowingly make a statement that is untrue and which is intended to mislead a law enforcement officer in the performance of his official function, I will be in violation of Section 53a-157 of the Connecticut General Statutes; False Statement.

Date: _____ **Signature:** _____

Sworn and subscribed to before me this _____ day of _____, 20____
In accordance with the Connecticut General Statues.

Notary Public: _____

Date Form Revised: 10/17/2025