

**RECEIVED**

*By Linda Amerighi at 9:40 am, Mar 19, 2021*

SHARON BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 23, 2021  
5:30PM AGENDA

In person and  
VIA ZOOM

<https://us02web.zoom.us/j/8727483273>

Meeting ID: 872 748 3273

1. Call to order
2. Adopt agenda
3. Public comment on agenda items
4. Minutes: 3/9/21 x 2
5. Ordinance for Food Trucks – sample application (Town of New Milford)
6. Request Board of Finance – additional one-time allocation of \$1,794.32 out of the Undesignated Fund to the Hotchkiss Library for the 2020-2021 budget for reimbursement of the conduit work
7. Community Update
8. Adjourn

3/19/2021 9:40 AM

2021 MAR 19 AM 9:29

SHARON TOWN CLERK

## Tina Pitcher

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**From:** Brent Colley  
**Sent:** Thursday, March 18, 2021 11:28 AM  
**To:** Tina Pitcher  
**Subject:** BOS Zoom meeting info

Town of Sharon is inviting you to a scheduled Zoom meeting.

Topic: Board of Selectmen Meeting  
Time: Mar 23, 2021 05:30 PM Eastern Time (US and Canada)

Join Zoom Meeting  
<https://us02web.zoom.us/j/8727483273>

Meeting ID: 872 748 3273  
One tap mobile  
+13017158592,,8727483273# US (Washington DC)  
+13126266799,,8727483273# US (Chicago)

Dial by your location  
+1 301 715 8592 US (Washington DC)  
+1 312 626 6799 US (Chicago)  
+1 929 205 6099 US (New York)  
+1 253 215 8782 US (Tacoma)  
+1 346 248 7799 US (Houston)  
+1 669 900 6833 US (San Jose)

Meeting ID: 872 748 3273  
Find your local number: <https://us02web.zoom.us/u/kcXuogcxgf>

# TOWN OF NEW MILFORD

## Application for Food Vending Trucks

Property Owner/Applicant's Name: \_\_\_\_\_

(Include entity's principal's name, mailing and street address if Property Owner/Applicant is not an individual)

Vendor's Host Business Name/Mailing and Street Address of Vending Property: \_\_\_\_\_

(Include entity's principal's name, mailing and street address if Business is not an individual)

Owner/Applicant's Phone # \_\_\_\_\_ Permit Length: 5 Days \_\_\_\_\_ One Month \_\_\_\_\_

The undersigned agrees to comply with the provisions of an Ordinance covering Food Vending Trucks, adopted in August, 2019, and understands that failure to comply will result in suspension or revocation of the Vendor's Permit, issued pursuant to same. Also, it is agreed that the applicant is responsible for insuring that the Food Truck Vendor has all of the applicable permits and will provide a list of Food Trucks and dates they will be on their property to the Health Department.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Chief of Police

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Fire Marshal

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Health Department

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mayor

Permit Number \_\_\_\_\_ Issued Date \_\_\_\_\_ Permit Dates \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check No. \_\_\_\_\_ Maps & Photos \_\_\_\_\_

For Official Use Only

Zoning \_\_\_\_\_ Inland/Wetlands \_\_\_\_\_ Tax Collector \_\_\_\_\_ Building \_\_\_\_\_

# TOWN OF NEW MILFORD

## Application for Food Vending Trucks Renewal

**Property Owner/Applicant's Name:** \_\_\_\_\_

\_\_\_\_\_  
(Include entity's principal's name, mailing and street address if Property Owner/Applicant is not an individual)

**Vendor's Host Business Name/Mailing and Street Address of Vending Property:** \_\_\_\_\_

\_\_\_\_\_  
(Include entity's principal's name, mailing and street address if Business is not an individual)

**Owner/Applicant's Phone #** \_\_\_\_\_ **Permit Length: 5 Days** \_\_\_\_\_ **One Month** \_\_\_\_\_

\_\_\_\_\_  
The undersigned agrees to comply with the provisions of an Ordinance covering Food Vending Trucks, adopted in August, 2019, and understands that failure to comply will result in suspension or revocation of the Vendor's Permit, issued pursuant to same. Also, it is agreed that the applicant is responsible for insuring that the Food Truck Vendor has all of the applicable permits and will provide a list of Food Trucks and dates they will be on their property to the Health Department.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mayor**

**Permit Number** \_\_\_\_\_

**Issued Date** \_\_\_\_\_

**Permit Dates** \_\_\_\_\_

**Amount Paid** \_\_\_\_\_

**Check No.** \_\_\_\_\_