CITY OF LACONIA
APPLICATION FOR ITINERANT VENDOR'S LICENSE

(PLEASE PRINT OR TYPE)

Business Name: _____

Business Address: _____

Applicant's Name: _____ Telephone # _____

Applicant's Address: _____
Number Street City State Zip

Applicant's Date of Birth: _____ & Non Profit ID #(if applicable)_____

Merchandise to be sold: _____

_____

Do you have a State of NH hawkers/peddlers license? _____ Yes _____No (copy of license attached)

Do you have a State of NH Department of Health permit? _____ Yes _____ No (copy of permit attached)
(Food vendors only)

Do you have the property owner's permission? _____ Yes_____ No (written permission attached)

The dates, days and hours you will be open for business:

Date:_____ Hours of Operation - From: _____ To:_____
Date:_____ Hours of Operation - From: _____ To:_____
Date:_____ Hours of Operation - From: _____ To:_____
Date:_____ Hours of Operation - From: _____ To:_____

Where do you intend to vend? _____
(Street location)

(FOR CITY USE ONLY)

Application Fee: _____ Received on (date): _____ by: _____

Planning/Zoning suggestions/Comments

Initials_____

Licensing Board Approval on: _____ License Valid on:_____

Special Conditions of Approval: _____per 161.20 of City's Licensing Ordinance _____

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