



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

Non Profit ID #(if applicable) _____

E-mail Address: _____

Merchandise to be sold: _____

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 _____