



**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 \_\_\_\_\_