



**CITY OF LACONIA**  
**APPLICATION FOR ITINERANT VENDOR'S LICENSE**

(PLEASE PRINT OR TYPE)

Business Name: Hibbert ENT.

Business Address: PO. BOX 575 FRANKLIN NH. 03235

Applicant's Name: Charles Hibbert Telephone # [REDACTED]

Applicant's Address: [REDACTED]  
Number Street City State Zip

Non Profit ID #(if applicable) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Merchandise to be sold: Novilties, toys, ballous, Light up toys

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: 4<sup>th</sup> July Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_

*2 vending spots*

Where do you intend to vend? \_\_\_\_\_  
(Street location)

Application Fee: 100- (FOR CITY USE ONLY) Received on (date): 6/11/21 by: thj

Planning/Zoning suggestions/Comments  
Initials \_\_\_\_\_

Licensing Board Approval on: \_\_\_\_\_ License Valid on: \_\_\_\_\_

Special Conditions of Approval: \_\_\_\_\_ per 161.20 of City's Licensing Ordinance \_\_\_\_\_