

Review



CITY OF LACONIA
APPLICATION FOR ITINERANT VENDOR'S LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Wianni Wagon Food Truck

Business Address: [REDACTED]

Applicant's Name: Janine Geddis Telephone # [REDACTED]

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

Non Profit ID #(if applicable) N/A

E-mail Address: [REDACTED]

Merchandise to be sold: food: cheese steak, italian sausage, specialty
grilled cheese, hotdogs, fries

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?
(Food vendors only) Yes No (copy of permit attached)

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: Mondays Hours of Operation - From: 10 To: 2 Acc Hardware
Date: Tuesdays Hours of Operation - From: 10 To: 2 Watermark
Date: Thursday's Hours of Operation - From: 10 To: 2 Irwin Hyundai Showroom
Date: _____ Hours of Operation - From: _____ To: _____

Where do you intend to vend? Addresses listed on back
April 28 - Oct 31, 2022 (Street location)

Application Fee: 300- (FOR CITY USE ONLY) Received on (date): 4/22 by: dy

Planning/Zoning suggestions/Comments

Initials _____

Licensing Board Approval on: _____ License Valid on: _____

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