

Review



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

(PLEASE PRINT OR TYPE)

Business Name: Makin Ends Meat

Business Address: [REDACTED]

Applicant's Name: Kate Osgood Telephone # [REDACTED]

Applicant's Address: Same as above  
Number Street City State Zip

Non Profit ID #(if applicable) XX

E-mail Address: [REDACTED]

Merchandise to be sold: Smash burgers, sausage, fater tots.

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:

wednesdays  
Date: \_\_\_\_\_ Hours of Operation - From: 11 To: 3pm  
Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_

April 1-30

Where do you intend to vend? 33 Lexington.  
(Street location)

Application Fee: 50- (FOR CITY USE ONLY) Received on (date): 4/1/22 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 \_\_\_\_\_