Laconia
CITY ON THE LAKES

CITY OF LACONIA
APPLICATION FOR ITINERANT VENDOR'S LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Twice as Nice Ice DBA Little Jimmys Italian Ice

Business Address: [redacted]

Applicant's Name: Patricia Torriero Telephone # [redacted]

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

Non Profit ID #(if applicable)_____

E-mail Address: PTorriero@gmail.com

Merchandise to be sold: Italian Ice

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:_____ Hours of Operation - From: _____ To:_____
Date:_____ Hours of Operation - From: _____ To:_____
Date:_____ Hours of Operation - From: _____ To:_____
Date:_____ Hours of Operation - From: _____ To:_____

During all musketeal B Ball games

Where do you intend to vend? Robbie Mills field, laconia
June + July (Street location)

(FOR CITY USE ONLY)

Application Fee: 100- Received on (date): 5/11 by: Hy

Planning/Zoning suggestions/Comments

Initials_____

Licensing Board Approval on: _____ License Valid on:_____

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

45 Beacon St. East, Laconia, NH 03246 (603) 527-1269