



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

(PLEASE PRINT OR TYPE)

Business Name: Hubbert Ent

Business Address: \_\_\_\_\_

Applicant's Name: Charles Hubbert Telephone # 5086621372

Applicant's Address: PO Box 515 Franklin NH 03235  
Number Street City State Zip

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

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

Merchandise to be sold: toys, novelties, battery-operated light up toys & necklaces.

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: 7/3/22 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? Opechee Park  
(Street location)

Application Fee: \$50 x 2 (FOR CITY USE ONLY) Received on (date): 5/25 by: phj

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

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

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