



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

(PLEASE PRINT OR TYPE)

Business Name: Drink Positive LLC

Business Address: [REDACTED]

Applicant's Name: Angeline Rosen Telephone # [REDACTED]

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

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

E-mail Address: drinkpositiveln@gmail.com

Merchandise to be sold: Smoothies

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:

April + May

Date: April Hours of Operation - From: 9:00-5pm To: \_\_\_\_\_

Date: \_\_\_\_\_ Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_

Date: May Hours of Operation - From: ↓ To: \_\_\_\_\_

Date: Oct Hours of Operation - From: \_\_\_\_\_ To: \_\_\_\_\_

Where do you intend to vend? Union Ave - Ace Hardware  
Sunflower Foods (Street location)

Application Fee: 100- (FOR CITY USE ONLY) Received on (date): \_\_\_\_\_ by: \_\_\_\_\_

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

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

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