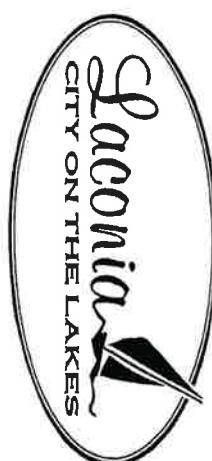


Review



CITY OF LACONIA APPLICATION FOR ITINERANT VENDOR'S LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Papa's Kitchen

Business Address: P.O. Box 5452 Laconia NH 03247

Applicant's Name: Matthew P. Sears

Applicant's Address: _____

Number _____ Street _____ City _____ State _____ Zip _____

Non Profit ID #(if applicable) 35-2536608

E-mail Address: Papa's KitchenNH@outlook.com

Merchandise to be sold: Food & Beverage

Do you have a State of NH Department of Health permit?

(Food vendors only)

Do you have the property owner's permission?

Yes No (copy of permit attached)
 Yes No (written permission attached)

The dates, days and hours you will be open for business:

Date: Varies Hours of Operation - From: 11am To: 3pm

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

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

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

Where do you intend to vend? EMW Hardware
(Street location) 1084 Union Ave

Application Fee: \$100 (FOR CITY USE ONLY)
 Received on (date): 1/9/24 by: MPS

Planning/Zoning suggestions/Comments

Initials _____

Licensing Board Approval on: _____ License Valid on: _____

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