

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: Nathan G. Seavels Telephone # _____
Applicant's Address: _____
Number _____ Street _____ City _____ State _____ Zip _____
Non Profit ID #(if applicable) 35-2536008
E-mail Address: Papa's KitchenNH@aol.com
Merchandise to be sold: Food & beverage

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: 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? EMH ortho Ace Hardware Laconia
(Street location) 1084 Main Ave

Application Fee: \$120 (FOR CITY USE ONLY) Received on (date): 1/9/26 by: HST

Planning/Zoning suggestions/Comments

Initials _____

Licensing Board Approval on: _____ License Valid on: _____

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