



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

**(PLEASE PRINT OR TYPE)**

Business Name: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Merchandise to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a State of NH Department of Health permit?  
(Food vendors only) \_\_\_\_\_ Yes \_\_\_\_\_ No (copy of permit attached)

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: \_\_\_\_\_

Where do you intend to vend? \_\_\_\_\_  
(Street location)

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(FOR CITY USE ONLY)

Application Fee: \_\_\_\_\_ 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 \_\_\_\_\_