

TOWN OF ASHLAND, NEW HAMPSHIRE VENDOR PERMIT APPLICATION

This application must be submitted at least fourteen days (14) prior to the requested effective date. The licensing period expires on December 31.

Please read carefully and complete accurately the items below:

1. Name of Applicant _____
2. Name of Business _____
3. Address _____
4. Home Phone _____
5. Business Phone _____
6. Operator Information:
Sex _____ Age _____ Height _____ Weight _____
Eye Color _____ Hair Color _____
7. Social Security Number _____
8. Date of Birth _____
9. Name and Address of Employer (if applicable) _____

10. Describe Business – List of Goods to be sold _____

11. Describe unit to be used _____

12. License Number of unit (if applicable) _____
13. Hours of Operation _____
14. Date(s) of Operation _____
15. Is unit to be operated in a stationary location on private property? **Y or N**
16. **If Y**, attach authorizing letter from property owner and site plan showing location of unit on the site.
17. Stationary vendors must use one of the two designated vendor spaces (1) behind the police cruiser parking on Pleasant Street or (2) across from the Meredith Village Savings Bank in the town parking lot below the utility pole. Do you prefer the northerly spot or southerly spot - _____
18. Requested effective date _____
19. Vendor must submit and application for each unit with the following:
[] A copy of the state license issued to applicant pursuant to provisions of RSA 320:8 or a signed statement claiming exemptions there from.
[] A license fee of \$50.00 for mobile vendors and vendors on private property; \$300.00 for vendors in designated town spots as state in #17.
[] Copy of authorization as state in #16

I hereby certify under the penalties of perjury that the above statements are true and correct.

Signature _____
Print Name _____
Date _____

TOWN OFFICIAL USE ONLY

Permit Type: **Mobile** [] **Stationary** [] **Private Property** []

Vendor is assigned to: **Northerly Spot** [] **Southerly Spot** []

Vendor Name _____

State License Number: _____ **Expiration Date** _____

This permit expires on December 31, 20 _____

Date Submitted: _____

Permit Fee Paid _____

Cash/Check _____

Received by _____

TOWN OFFICIALS SIGNATURES

Police Chiefs Approval _____

Date _____

Board of Selectmen Approval _____

Date _____

Comments _____

License may be revoked, after notice and hearing, for just cause, including but not limited to false statements on this application.