



CITY MANAGER'S OFFICE
CITY HALL, 58 OPERA HOUSE SQUARE
CLAREMONT, NH 03743
PH: (603) 542-7002 FAX: (603) 542-7014
EMAIL: citymanager@claremontnh.com

APPLICATION FOR VENDORS

NAME of APPLICANT: _____ TELEPHONE: _____

BUSINESS NAME: _____

ADDRESS: _____

SOCIAL SECURITY OR TAX ID #: _____ DATE OF BIRTH: _____

TYPE OF VENDOR LICENSE (see attached to determine nature of activity)

Hawker & Peddler

Itinerant Vendor

CURRENT LICENSE FROM N.H. SECRETARY OF STATE: _____

(COPY MUST BE SUBMITTED BEFORE APPLICATION CAN BE PROCESSED)

ITEMS OR SERVICE TO BE SOLD: _____

WILL ITEM BE DELIVERED AT TIME OF SALE?: _____

IF NOT, HOW MUCH TIME WILL ELAPSE UNTIL ITEM IS DELIVERED?: _____

WILL A DEPOSIT BE REQUIRED?: _____

LOCATION FOR SALE OF GOODS OR SERVICES: _____

ZONING DISTRICT OF LOCATION: _____

Property Owner's Name (Print)

Property Owners' Signature

Date Signed

DAYS AND HOURS OF OPERATION _____

IN WHAT STATES, IF ANY, HAS APPLICANT EVER BEEN REGISTERED OR LICENSES AS A HAWKER
& PEDDLER OR ITINERANT VENDOR? _____

HAS THE APPLICANT EVER BEEN REFUSED A LICENSE OR PERMIT AS A HAWKER & PEDDLER
OR ITINERANT VENDOR? _____

HAS THE APPLICANT EVER BEEN CHARGED WITH, INDICTED OR CONVICTED OF ANY
FRAUDULENT OR ILLEGAL ACT IN ANY TRANSACTION OF ANY KIND? _____

VEHICLE(S) IDENTIFICATION (EACH VEHICLE TO BE USED MUST BE LISTED):

YEAR: _____ **MAKE:** _____

MODEL: _____ **COLOR:** _____ **VIN #:** _____

LICENSE PLATE NO.: _____ **EXPIRATION DATE:** _____

YEAR: _____ **MAKE:** _____

MODEL: _____ **COLOR:** _____ **VIN #:** _____

LICENSE PLATE NO.: _____ **EXPIRATION DATE:** _____

YEAR: _____ **MAKE:** _____

MODEL: _____ **COLOR:** _____ **VIN #:** _____

LICENSE PLATE NO.: _____ **EXPIRATION DATE:** _____

DESCRIPTION OF ANY CART, TRAILER, BOOTH, WAGON OR OTHER NON-MOTORIZED VEHICLE TO BE USED BY APPLICANT

1. _____
2. _____
3. _____

NAME, ADDRESS, DATE OF BIRTH, AND DRIVER'S LICENSE NUMBER FOR EACH DRIVER:

NAME, ADDRESS, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER FOR EACH SALES PERSON:

ICC # (IF APPLICABLE) IF ENGAGED IN INTERSTATE COMMERCE:

STATEMENT

**I, _____ OF _____, STATE THAT I
HAVE NOT, IN THE PRECEDING FIVE (5) YEARS, BEEN CONVICTED OF ANY FRAUDULENT
ACTIVITY IN ANY TRANSACTION OF ANY KIND UNDER THE FEDERAL, STATE OR LOCAL
BUSINESS LAWS AND REGULATIONS OR ANY CONSUMER PROTECTION STATUTE.**

**I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS VENDOR APPLICATION IS TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNED UNDER THE PAINS AND PENALTY OF PERJURY THIS ____ DAY OF _____, 20__.

APPLICANT SIGNATURE