



**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 TRANSIENT MERCHANT

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**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?:** \_\_\_\_\_

**VEHICLE(S) IDENTIFICATION:**

**YEAR:** \_\_\_\_\_ **MANUFACTURER:** \_\_\_\_\_

**MAKE:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_ **VIN #:** \_\_\_\_\_

**LICENSE PLATE NO.:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**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:**

\_\_\_\_\_  
**TAX IDENTIFICATION #:** \_\_\_\_\_

**STATEMENT**

**I, \_\_\_\_\_ OF \_\_\_\_\_, STATE THAT I  
HAVE NOT, IN THE PRECEDING FIVE (5) YEARS, BEEN CONVICTED OF ANY VIOLATIONS  
UNDER THE CITY OF CLAREMONT LICENSES AND BUSINESS REGULATIONS OR ANY  
CONSUMER PROTECTION STATUTE.**

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

**SIGNED UNDER THE PAINS AND PENALTY OF PERJURY THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**