Town of Alton

Board of Selectmen **Town Administrator**
PO Box 659 1 Monument Sq. Alton NH 03809
Phone 603-875-2161 Fax 603-875-0207 TDD 603-875-0111

HAWKERS AND VENDORS LICENSE APPLICATION

Applicant /Company _____
Business Address: _____
Owner's Name: _____
Residential Address: _____
Day #: _____ Evening #: _____ Cell #: _____

Sale Date(s) Requested: Month/Day(s) _____

Month/Day(s) _____

Month/Day(s) _____

Other Sales Date(s) Requested _____

Type of License: [ ] Hawker [ ] Vendor [ ] Agricultural

Applicant's Residency Status: [ ] Resident [ ] Non-Resident

Type of Sales Equipment: Vehicle (make, model, manufacture, license)
_____Plate#: _____

Describe other equipment to be used, include license:
_____Plate#: _____

Outer limits of structure: _____

Product(s) to be sold: _____

Names of all other Sales Associates:
1. _____ 2. _____ 3. _____
(if more than 3, please list names on reverse of this application)

Sales Location(s) being requested: _____

*Will fuel be used on site? [ ] NO [ ] YES – Describe types of fuel to be used
_____ If yes, permit is required from the Fire Department
Additional Information: _____
Attachments: [ ] State License [ ] Insurance Certificate [ ] Fire Dept. Permit

"I/We certify that I have read the Town of Alton's Ordinance Relative to the Licensing and Regulation of Hawkers and Vendors as dated _____
and agree to abide by all the rules governing a license if approved.
*Refer to Section 6, Paragraph 0, Town Ordinance relative to Hawkers and Vendors
_____/_____/_____
Signature(s) Date