Town of Alton



Board of Selectmen PO Box 659 Phone 603-875-2161

Town Administrator

1 Monument Sq. Alton NH 03809 Fax 603-875-0207 TDD 603-875-0111

SALES AND SOLICITATION LICENSE APPLICATION

Applicant /Company Business Address: Owner's Name: Residential Address:			
Day #:	_ Evening #:	Cell	#:
Sale Date(s) Requeste	ed:	Month/Day(s)	
		Month/Day(s)	
		Month/Day(s)	
Other Sales Date(s) R	equested		
Type of License:	[] Hawker	[] Vendor	[] Agricultural
Applicant's Residency	Status:	[] Resident	[] Non-Resident
		le (make, model, manu Plate	
Describe other equipn	nent to be used,		e#:
Outer limits of structur	e:		
Product(s) to be sold:			
Names of all other Sal 1 (if more than 3, please		everse of this applicatio	3
Sales Location(s) beir	g requested:		
	If yes, pe	D [] YES – Deermit is required from the	escribe types of fuel to be used e Fire Department
Additional Information Attachments: [] Sta	: ate License	[] Insurance Certific	ate [] Fire Dept. Permit
Regulation of Hawkers and agree to abide by *Refer to Section 6, Page 1	s and Vendors a all the rules gov aragraph 0, Tow		Hawkers and Vendors
Signature(s)		 	Date