



TOWN OF LITCHFIELD

2 Liberty Way, Suite 1, Litchfield, NH 03052
Tel: 603-424-4046 Fax: 603-424-3014 www.litchfieldnh.gov

HAWKERS & PEDDLERS APPLICATION

Date: _____

SECTION ONE

Name: _____

Last

First

Middle

Maiden

Home Address: _____

Street

Town

State

How long at this address? _____ Telephone: _____

Other home addresses within the last 3 years? _____

Street

Town

State

Birthdate: : _____

Physical Description:

SECTION TWO

Type of operation: _____

Company Name: _____ :

Length of employment with Company: _____

Other employment within last 3 years: _____

License Plate Number _____ Description of Vehicle: _____

Date License is Needed By: _____ Hours of Operation: _____

NOTE: If proposed site is on private property, applicant shall furnish a written statement from property owner and possessor indicating consent by BOTH owner and possessor for the proposed use and the proposed period of operation.)

- a) Have you previously applied for a license under this ordinance? _____
- b) If yes, indicate year: _____
- c) Have you ever been denied any municipal license or had a license of any type revoked? _____
- d) If yes, please provide reason for denial and/or revocation: _____
- e) If yes, please provide date(s) of denial and/or revocation: _____

Have you ever been convicted of any offense under the laws of this State or any other jurisdiction that have not been annulled, including any previous offenses involving solicitation without a permit, or similar violations of a Hawkercs & Peddlers Law? _____

Is your business dealing with the distribution of food? _____

Have you obtained a State of NH license? _____ if yes, please provide the most recent copy.

Do you have an any additional agents to register: _____ How many: _____

Please Initial:

9. I have been furnished with a copy of Litchfield's Ordinance Relative to Hawkercs, Peddlers & Vendors

10. I understand that such license, if granted, will be subject to the rules and regulations of the Ordinance

I, the undersigned applicant, certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false statement will be considered sufficient grounds to refuse issuance of a license to operate within the Town of Litchfield.

Signature

Date: _____

Hawkers/Peddlers License
All Additional Agents must be registered

Applicant Name: _____ Date: _____

Place of Birth _____ D.O.B.: _____

License #: _____ State issued by: _____

Home Address: _____
Street Town State

Additional Home Address: _____
(if less than 3 years above) Street Town State

Phone: _____

Applicant Name: _____ Date: _____

Place of Birth _____ D.O.B.: _____

License #: _____ State issued by: _____

Home Address: _____
Street Town State

Additional Home Address: _____
(if less than 3 years above) Street Town State

Phone: _____

Applicant Name: _____ Date: _____

Place of Birth _____ D.O.B.: _____

License #: _____ State issued by: _____

Home Address: _____
Street Town State

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(if less than 3 years above) Street Town State

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