

Town of Epping, NH

Incorporated 1741

OFFICE OF THE TOWN ADMINISTRATOR
TOWN HALL
157 MAIN STREET
EPPING NH 03042

VOICE 603.679.5441
FAX 603.679.3002

E-MAIL: ADMINISTRATOR@TOWNOFEPHING.COM

PERMIT

APPLICATION OF PEDDLERS/VENDORS LICENSE

PLEASE PRINT

Name of Applicant: _____ Tel. No. _____

Home Address: _____

Business Address: _____ Tel No. _____

Name & Address of Owner if other than Applicant: _____

_____ Tel No. _____

Location for sale of goods: _____

Product (s) to be sold: _____

Are they produced or grown by Applicant? _____

Requested Effective Dates of Operation. FROM _____ TO: _____

Days and Hours of Operation: _____

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

- Description & photograph of stand or motor vehicle being used: Yes _____ No _____
- Motor vehicle registration & license plate number: Yes _____ No _____
- Certificate of Insurance: Yes _____ No _____
- Copy of State License issued to Applicant pursuant to provisions of RSA 320:8, or signed statement claiming exemption therefrom: Yes _____ No _____
- Copy of positive identification: Yes _____ No _____

LICENSE FEES

DATE PAID

\$10.00 PER WEEK TO PEDDLE OTHER THAN FROM A MOTOR
VEHICLE, NOT TO EXCEED ONE WEEK IN DURATION.....

PEDDLER - \$200.00 PER YEAR PER VEHICLE TO PEDDLE FROM
A MOTOR VEHICLE.....

VENDOR - \$200.00 PER YEAR TO VEND FROM A FIXED LOCATION

VENDOR - \$25.00 FOR ONE DAY TO VEND FROM A FIXED LOCATION

VENDOR - \$200.00 PER YEAR PER VEHICLE TO VEND FROM A
MOTOR VEHICLE.....

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND
CORRECT:**

SIGNATURE OF APPLICANT: _____

DATE OF APPLICATION: _____

**NOTE: ANNUAL LICENSES EXPIRE AT MIDNIGHT ON DECEMBER 31ST, AND
MAY BE REVOKED FOR JUST CAUSE.**

BOARD OF SELECTMEN

APPROVED: _____

DISAPPROVED: _____
