



Town of Ashland, New Hampshire

20 HIGHLAND STREET • P.O. BOX 517 • ASHLAND, NEW HAMPSHIRE 03217-0517
TOWN OFFICE (603) 968-4432 FAX (603) 968-3776

APPLICATION FOR VENDOR PERMIT

THIS APPLICATION MUST BE SUBMITTED AT LEAST FOURTEEN (14) DAYS PRIOR TO THE REQUESTED EFFECTIVE DATE. THE LICENSING PERIOD EXPIRES ON DECEMBER 31.

Name of Applicant _____ Date of Application _____

Name of Business _____

Address _____

Home Phone _____ Cell Phone _____ Business Phone _____

Operator Information: Sex _____ Age _____ Height _____ Weight _____ DOB _____

Eye Color _____ Hair Color _____

Name and Address of Employer if Applicable _____

Describe your Business (List items to be sold) _____

Describe Unit to Be Used _____

License # _____ Hours of Operation _____

Circle one: Mobile Unit Stationary Unit

Is the unit to be operated in a stationary location on private property (circle one)? Y N

IF YES, attach an authorization letter from the property owner and site plan showing the location of the unit on the site.

Stationary Vendors that wish to use town property must use one of the 2 designated vendor spaces (please circle the number of which site you prefer):

1. Behind the police cruiser parking on Pleasant Street
2. Across from Meredith Village Savings Bank in the town parking lot below the utility pole (notice handicap parking).

Requested Effective Date _____

Vendor must submit an application for each unit with the following:

- A Copy of the State License issued to the Applicant pursuant to provisions of RSA 320:8 or a signed statement claiming exemptions therefrom.



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- A License Fee of \$50.00 from mobile vendors and vendors on private property OR \$300 for vendors in designated town spots as stated above.
- A copy of Authorization from the property owner

I _____ hereby certify under the penalties of perjury that the above statements are true and correct. License may be revoked, after notice and hearing, for just cause, including but not limited to false statements on this application.

Printed Name _____ Signature _____

FOR TOWN USE ONLY			
Permit Type (Circle):	Mobile Stationary	Private Property	
	Vendor is assigned	Pleasant St	Parking Lot
Vendor Name	_____		
State License #	_____	Expiration Date	_____
This permit expires December 31, _____			
Date Submitted	_____	Permit Fee Paid	_____ Cash _____ Check
<u>Town Officials Signatures</u>			
Police Chief	_____	Date	_____
Board of Selectmen	_____	Date	_____
	_____	Date	_____
	_____	Date	_____
	_____	Date	_____
Health Officer	_____	Date	_____
Comments	_____		

Form revised by vote of the Board of Selectmen on July 20, 2020