

APPLICATION FOR VENDOR PERMIT
TOWN OF PLYMOUTH, NH
(May 2019)

**THIS APPLICATION MUST BE SUBMITTED AT LEAST SEVEN (7) DAYS PRIOR
TO THE REQUESTED EFFECTIVE DATE
THE LICENSING PERIOD EXPIRES ON DECEMBER 31ST**

**PLEASE READ CAREFULLY AND COMPLETE ACCURATELY THE 22 ITEMS LISTED
BELOW:**

1. NAME OF APPLICANT: _____

2. NAME OF BUSINESS: _____

3. ADDRESS: _____

4. HOME PHONE: _____ BUSINESS PHONE: _____

OPERATOR:

5. SEX: _____ 6. AGE: _____ 7. HT.: _____

8. WT.: _____ 9. HAIR: _____ 10. EYES: _____

11. SOCIAL SECURITY NUMBER: _____

12. DATE OF BIRTH: _____

13. NAME & ADDRESS OF EMPLOYER (IF APPLICABLE):

14. DESCRIBE BUSINESS (LIST GOODS TO BE SOLD):

15. DESCRIBE UNIT TO BE USED _____

16. LICENSE NUMBER OF UNIT: _____

17. HOURS OF OPERATION: _____ DATES: _____

18. CHECK ONE: MOBILE UNIT: _____ STATIONARY UNIT: _____

19. IS UNIT TO BE OPERATED IN A STATIONARY LOCATION ON PRIVATE PROPERTY?

DATE SUBMITTED: _____ PERMIT FEE DUE: _____

AMOUNT PAID: _____ RECEIVED BY: _____



*****FOR TOWN OFFICIALS USE ONLY*****

POLICE CHIEF'S APPROVAL: _____ DATE: _____

HEALTH OFFICER: _____ DATE: _____

(Copy of completed application to PFD)

BOARD OF SELECTMEN'S APPROVAL:

-  _____
-  _____
-  _____
-  _____
-  _____

Date Approved: _____

Comments: _____



LICENSE MAY BE REVOKED, AFTER NOTICE AND HEARING, FOR JUST CAUSE, INCLUDING BUT NOT LIMITED TO FALSE STATEMENTS MADE ON THIS APPLICATION.

(S:Forms/vendr-ap)