CITY OF LACONIA
APPLICATION FOR MOTORCYCLE WEEK VENDING LICENSE
FOOD/NON FOOD

CIRCLE ONE

PLEASE PRINT OR TYPE
ALL INFORMATION MUST BE COMPLETE FOR APPLICATION TO BE ACCEPTED

Name of Business/Organization: _____

Your Name:_____

Mailing Address:_____
(Street) (P.O. Box)

_____
(City) (State) (Zip)

Telephone # _____email_____ Non-Profit ID #_____

Is your business or organization a charitable or a not for profit? _____ yes _____ no
(if yes, supply proof of non-profit status from the State of NH)

Where do you intend to vend? _____
(street address)

Additional locations you intend to vend:
(1) _____
(street address)
(2) _____
(street address)
(3) _____
(street address)

Name of owner (s) of property on which you intend to vend? _____

Owner's address:_____
Number Street City State Zip

Do you have written permission from the owner? _____ yes _____ no
(Please send in property permission form if owner sent this to you.)

List all the merchandise you intend to sell or display **(must be specific):** _____

_____

_____

_____

_____

(ONLY THOSE ITEMS LISTED WILL BE PERMITTED TO BE SOLD OR DISPLAYED)

Do you intend to offer entertainment or have a loudspeaker? _____ yes _____ no
(if yes, an additional entertainment or loudspeaker license is required)

☐ $450 Vendor Application
☐ $50 Food Inspection Fee
☐ $100 Late Fee if after June 1st
☐ $100 Non Profit Application
☐ $25 Non Profit Late Fee if after June 1st
☐ $25 Non Profit Extra Space same property (non profit only)
☐ $450 Entertainment or Outdoor Loudspeaker License

Total Application Fee: _____

(FOR CITY USE ONLY)

Received on (date): _____ By: _____
Licensing Approval on: _____ License Start: _____License Expires :_____
Special Conditions of Approval: _____Check here if approved per 161.20 of City Licensing Ordinance
_____
_____