

**TOWN OF HUDSON
12 School Street
Hudson, New Hampshire 03051
(603) 886-6024**

APPLICATION FOR HAWKER/PEDDLER/INTERANT VENDOR'S LICENSE

Hudson Town Code, Chapter 232

Please complete the following information in full and return application to the Zoning Department.

1. Applicant: _____ DOB: ____/____/____
2. Applicant's Address: _____
3. Email Address: _____
4. Home Phone #: _____ Business Phone #: _____
5. Goods Sold in the Name of: _____
6. Address & Phone if different from self: _____
7. Type of Vending Operation/Merchandise to be sold: _____
8. Description of Stand or Vehicle (include Make/Model): _____
9. License #: _____ Registration #: _____
10. Date(s) of Sales: _____
11. Proposed Location(s) of Sales (be specific): _____

12. Approximate length of time at each Location: _____

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- If proposed site is situated on private property, include a written statement from the owner and possessor of the property proposed to be used. This statement shall indicate consent by BOTH the owner and possessor for the proposed use and the period of time for which consent is given.
 - In the case of sales relating to foods or beverages, include a copy of a valid Food Service License, issued by the State Department of Health & Human Services (271-4589).
 - Applications will go before the Board of Selectmen at their next meeting following successful completion of this application, which is forwarded to the Selectmen's Office by the Zoning Administrator. If granted, applicant will be subject to all provisions of Chapter 232 of the Hudson Town Code governing Hawker/Peddler/Itinerant Vendors.
 - Fees are \$5 for each day, \$25 for each week, or \$100 for each year. Annual licenses expire 12/31 each year.
 - Exception for State License: Any person selling the product of his own labor, or his family, or the product of his own farm or one he tills. (RSA 320:3-II)

I, the undersigned, 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 Hudson, New Hampshire.

Signature: _____ Date: ____/____/____

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Calendar Year 2023

Date: ___/___/___

Name: _____

Address: _____

Description of Goods: _____

Goods sold in the interest of: _____

Location of Sales: _____

Fee:

Day--\$5.00

Week--\$25.00

Year--\$100.00

Date(s) of Operation: _____

_____ Approved

_____ Disapproved by the Board of Selectmen on: ___/___/___

Reason for Disapproval: _____



PLEASE NOTE: State Food Service license must be renewed by ___/___/___.

Applicant must bring copies of the renewed license to the Selectmen's Office prior to their expiration. Failure to comply will render this license invalid.

Chairman, Hudson Board of Selectmen

___/___/___
Date

(This license must be retained and presented as evidence upon request.)