



# TOWN OF HUDSON

## Board of Selectmen



12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6024 • Fax: 603-598-6481

Application Fee: \$25.00 per vehicle

Amount Paid: \_\_\_\_\_

### APPLICATION FOR PERMIT TO OPERATE COMMERCIAL TRUCK PRIOR TO RESTRICTED HOURS AND/OR ON RESTRICTED STREETS

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_

Explain, in detail, your need and necessity for exemption: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of Police Chief: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above application is \_\_\_\_ approved \_\_\_\_ denied. Permit \_\_\_\_ may \_\_\_\_ may not be issued.

Date: \_\_\_\_\_

APPROVED BY BOARD OF SELECTMEN

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\_\_\_\_\_  
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