



CITY OF PORTSMOUTH, NEW HAMPSHIRE
OFFICE OF THE CITY CLERK

HAWKERS & PEDDLERS APPLICATION

INSTRUCTIONS: Please print or type all information clearly and please note that all required documentation and payment must be submitted together or it will not be accepted.

APPLICANT INFORMATION: (Primary Vendor)

Name: _____ Address: _____

Telephone Number: _____

Name of Business: _____ Name of Owner _____

(If different)

Type of Business: _____

Specify Food/Beverage/Merchandise Sold _____

Specify Farm/Orchard Products: _____ Grown by Applicant (circle): YES NO

STAND INFORMATION: (See Vendor Informational Pamphlet for cart dimensions)

Stand/Motor Vehicle Name and Description: _____
(attach a photograph for reference)

Vehicle Plate Number: _____ Registration Number: _____ State: _____

LICENSING INFORMATION

State License Number: _____ Expiration Date: _____

Food Permit Number: _____ Expiration Date: _____

Documentation submitted:

___ Certificate of Insurance – Issued by an insurance company with the policy length based on the length of the permit or if policy requires renewal prior to the expiration date of the permit, the applicant is required to provide an updated policy prior to expiration date. Coverage minimums are \$1,000,000 for Personal Injury and Property Damage and the City of Portsmouth must be listed as Certificate Holder and Additionally Insured with vending as the specified activity in the Description of Operations section. **(See attached example policy)**

___ Photograph of Stand/Motor Vehicle (**prior year photographs will not be removed from the files**)

___ State Hawkers and Peddlers License issued in the applicants name

___ **Permit Fee - \$250.00** Cash _____ Check# _____

Application continued on reverse side 

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NOTE: Please see attached document for the seven (7) allowed locations which are available on a first-come first-served basis and cannot be reserved.

I, the undersigned, agree to abide by all local ordinances including without limitation Chapter 6, Article XIII and those ordinances relating to food safety as well as City Council Policy #2009-04 and applicable State laws. I further understand and acknowledge that there may be additional obligations under State law regarding the licensing of employees and agents. **Failure to comply is grounds for revocation of your license.**

I represent that my statements in this application and the documents submitted with this application are true to the best of my knowledge and belief. **Misrepresentation is grounds for revocation of your license.**

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ I.D. Presented: _____

City Clerk Approval: _____ Date: _____

Permit # _____