



TOWN OF SUGAR HILL
SUGAR HILL POLICE DEPARTMENT
 P.O. BOX 567
 SUGAR HILL, NH 03586
 603-823-8725
HAWKERS, PEDDLERS, AND
ITINERANT VENDOR APPLICATION



Company Name: _____ Business Phone: (_____) _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Description of business and goods to be sold: _____

Description of display - include tables, crates, signs, etc: _____

Location of activity: _____

(If location is privately owned, you must have written property owner permission)

Start Date: _____ End Date: _____ Hours of operation: _____

(Must be between 9am-6pm)

Documentation – Please attach copies of the following required documents:

- NH State Hawkers & Peddlers License** from the Secretary of State’s Office
- NH Criminal Record Release Authorization Form** (must be notarized)
 - o If you are a resident of another State, additional background checks will be required and any additional fees associated with such checks.
- Copy of Principal’s and any Agent’s I.D.** (Driver’s License or State ID required)
- Copy of State Food Service License if Serving Food**
- If utilizing Town owned property: Comprehensive General Liability Insurance** listing “Town of Sugar Hill” as an additional insured. Check here _____ if not applicable.
- If a person will be hired/employed to work under this license: Evidence of Worker’s Compensation Insurance.** Check here _____ if not applicable.

STOP

This is not Permission to begin! **DO NOT** begin services until an approved permit has been issued.

\$100 Fee required for the first week and \$25 each consecutive week thereafter payable to the Town of Sugar Hill in the form of a Bank, Cashier or Certified Check.

Police Chief Signature: _____ Date: _____

Approved Denied

Date forwarded to Select Board: _____

Principal Name: _____ D.O.B. _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Residential Phone: (_____) _____ Cell Phone: (_____) _____

Vehicle Make: _____ Model: _____ Color: _____

State: _____ Registration: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

If principal name is employed by another, name and address of employer, together with
credentials establishing the exact relationship: _____

Agent Name: _____ D.O.B. _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Residential Phone: (_____) _____ Cell Phone: (_____) _____

Vehicle Make: _____ Model: _____ Color: _____

State: _____ Registration: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Agent Name: _____ D.O.B. _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Residential Phone: (_____) _____ Cell Phone: (_____) _____

Vehicle Make: _____ Model: _____ Color: _____

State: _____ Registration: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Agent Name: _____ D.O.B. _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Residential Phone: (_____) _____ Cell Phone: (_____) _____

Vehicle Make: _____ Model: _____ Color: _____

State: _____ Registration: _____

Agent Name: _____ D.O.B. _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Residential Phone: (_____) _____ Cell Phone: (_____) _____

Vehicle Make: _____ Model: _____ Color: _____

State: _____ Registration: _____

Agent Name: _____ D.O.B. _____

Physical Address: _____

Town/City: _____ State: _____ Zip: _____

Mailing Address: _____

Residential Phone: (_____) _____ Cell Phone: (_____) _____

Vehicle Make: _____ Model: _____ Color: _____

State: _____ Registration: _____