

**TOWN OF FITZWILLIAM, NEW HAMPSHIRE
APPLICATION FOR VENDOR'S PERMIT/VENDOR'S LICENSE**

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

Phone # of Applicant: _____

Name of Owner of
Vending Business: _____

Address of Owner of

Vending Business: _____

Description of Merchandise/Services
Being Sold: _____

Proposed Route(s): _____

Hours of Operation: _____

Area where Vending will Occur: _____

If Fixed site - Location: _____

If Multiple Vendors - # and Location: _____

If Vehicle is used: Year: _____

Make & Model: _____

Registration # _____

Title #: _____

Applicants Signature: _____

Fee Paid: _____

ACTION BY TOWN OFFICIALS

Date APPROVED: _____

Date NOT APPROVED: _____

VALID UNTIL: _____

Signature of Planning Board: _____

Signature of Authorizing Official: _____