



# Town of Belmont, New Hampshire

## Belmont Police Department

P.O. Box 320  
Belmont, New Hampshire 03220  
(603) 267-8361

### Application for Itinerant Vendor

#### Applicant Information

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential / Cell Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Applicant's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*\* Applicant must submit a copy of their current vendor permit issued by the New Hampshire Department of State (if Applicable)*

#### Permit Information

Location of where vending will take place: \_\_\_\_\_

Tax Map # \_\_\_\_\_ Lot# \_\_\_\_\_

Zoning District: (Check those that apply)

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Commercial                  | <input type="checkbox"/> Industrial                 | <input type="checkbox"/> Village |
| <input type="checkbox"/> Residential – Single Family | <input type="checkbox"/> Residential – Multi Family | <input type="checkbox"/> Rural   |

Dates on which vending will occur: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Description of activity proposed: \_\_\_\_\_

#### Property Owner Information

Property Owner:: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential / Cell Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Employee Information

Number of individuals employed in the vending activity: \_\_\_\_\_

*\* Applicant is responsible, if requested, for submitting certified copy of any and all employee's motor vehicle and criminal record from the state that they reside as well as from the State of New Hampshire.*

Name of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee's date of birth: \_\_\_\_\_ Employee's Social Security Number: \_\_\_\_\_

Employee's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*\* Use additional sheets of paper for other employees*

Name of on-site contact person: \_\_\_\_\_

Please provide a clear, scaled sketch on a separate piece of paper including:

1. Property lines
2. Adjacent roads
3. All driveways
4. Location of proposed point of access to use
5. Location of use on property
6. Location and identification of all proposed/required facilities (cooking, sales, sanitary, trash, etc.)
7. Location of proposed signage
8. Location of proposed parking

To applicant: The New Hampshire Department of Transportation is asked to submit comments that they may deem important to New Hampshire State right of ways. They are asked for their opinion as to safety concerns, traffic flow and patterns and visibility issues. The Town of Belmont, based on their suggestions, could require you to comply with their recommendations such as obtaining temporary driveway permits if your site is on a State highway. You must understand that the sole authority to issue Vending Permits in the Town of Belmont rests solely with the Town of Belmont and no other governing body.

After the permit is granted, you must post the permit in a conspicuous location. Your site is also subject at any time, to inspection by the Town of Belmont to insure that all requirements of the permit are being met. Failure to continue to meet the requirements will cause your permit to be revoked by the Issuing Agent of the Town of Belmont.

As the applicant for a license to perform vending, I understand that I must attach a written statement from the property owner indicating that I have permission to use the owner's land to vend on the dates indicated above. By my signature, I state that I have read and understood the ordinance regulating vending and am aware of all requirements and penalties.

*FEES: An application fee of fifty dollars (\$50.00) for the first week of the license and \$25.00 for each consecutive week thereafter. Payment must be made by Bank, Cashier or Certified Check, payable to the Town of Belmont. Permits are limited to a maximum of 30 days in any 12-month period. See Belmont Site Plan Regulation 1.E.4 for longer term.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Received: \$ \_\_\_\_\_

From: \_\_\_\_\_

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

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police

Date forwarded to the Belmont Board of Selectmen: \_\_\_\_\_

Issuing Authority's Additional Comments: \_\_\_\_\_

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\_\_\_\_\_  
Town Planner and/or Land Use Office

Additional Comments: \_\_\_\_\_

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\_\_\_\_\_  
Town Health Officer / Code Enforcement

Additional Comments: \_\_\_\_\_

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Fire Chief

Additional Comments: \_\_\_\_\_  
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Director of Public Works

Additional Comments: \_\_\_\_\_  
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Date

\_\_\_\_\_  
NH Department of Transportation

\_\_\_\_\_  
Printed Name & Title

Additional Comments: \_\_\_\_\_  
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