

**TOWN OF SANBORNTON
HAWKER'S AND PEDDLER'S PERMIT
(PLEASE PRINT CLEARLY)**

For Office Use Only

Fire Dept.

Police Dept.

PERMIT/LICENSE #: _____ TOTAL FEES PAID: _____ DATE: _____

Applicant/Applicants: _____ Phone: _____
Print Name(s)

Legal Address: _____

City/Town: _____ State _____ Zipcode: _____

Name of Business: _____

Description of Event: _____

Location of Event: _____ Date(s): _____ Hours: _____

Property Owner(s): _____

Number of Employees _____ Number of Minors: _____

Motor Vehicle license # (Or Other Acceptable ID): _____

Vehicle Make/Model: _____ Registration # _____ State: _____

THE FOLLOWING INFORMATION/PAPERWORK IS REQUIRED TO OBTAIN A TOWN PERMIT:

- | | | |
|--|-----|----|
| ✓ Copy of motor vehicle license or other acceptable photo identification. | Yes | No |
| ✓ Copy of State Hawkers and Vendors Permit (RSA 320) exceptions; fruits of own labor. | Yes | No |
| ✓ Original notarized authorization from land owner must accompany this application. | Yes | No |
| ✓ Food vendors are required to present copy of additional State Permit. | Yes | No |
| ✓ Copy of Insurance coverage is attached. | Yes | No |
| ✓ Will Sanbornton Police Officers be required? (If Yes, contact the Sanbornton PD 286-4323.) | Yes | No |
| ✓ Will there be a temporary tent or structure? (If Yes, a permit to operate is required from the Fire Department, 286-4819). | Yes | No |
| ✓ Is this a permitted use according to the Sanbornton Zoning Ordinance? (Contact the Zoning Administrator, 286-8303). | Yes | No |
| ✓ Is the event less than 7 days from initial application date? (If Yes, then up to 3 times the normal fee may be added). | Yes | No |

The Sanbornton Board of Selectmen reserves the right to require additional conditions and/or charge additional fees for safety, crowd/traffic control, clean-up, health inspections, etc. Any town/regional or statewide event requiring additional Town manpower will be charged an additional fee to be determined by the Sanbornton Board of Selectmen.

The approved license/permit must be picked up and paid for at the Selectmen's Office at least two weeks before the date of the event.

Itinerant vendors, hawkers/peddlers, and any other applicants will be required to wear an Official photo ID. Photo ID's must be worn and visible by the applicant at all times or will be subject to penalty of revocation of license.

It is the applicant's responsibility to obtain all necessary approvals and permits from the Sanbornton Fire Department (286-4819, Sanbornton Police Department (286-4323), Sanbornton Health Officer (286-8303) and Zoning Administrator (286-8303). The violation of any condition imposed by the Board upon the licensee shall result in the termination of the license.

Warning: In accordance with RSA 641:3 Unsworn Falsification. – A person is guilty of a misdemeanor if:

I. He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or

II. With a purpose to deceive a public servant in the performance of his or her official function, he or she:

(a) Makes any written or electronic false statement which he or she does not believe to be true; or

(b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or

(c) Submits or invites reliance on any writing which he or she knows to be lacking in authenticity; or

(d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he or she knows to be false.

III. No person shall be guilty under this section if he or she retracts the falsification before it becomes manifest that the falsification was or would be exposed.

By signing you acknowledge that you have read and understand the above statement. And hereby agree to comply with all applicable regulations of the Town of Sanbornton. You also acknowledge that you have completed the above application to the best of your ability.

Print name _____

Signature of Applicant: _____ Date: _____

FEE SCHEDULE (all fees are non-refundable)

FUNCTION	FEE	(A) ADDITIONAL FEES(if applicable)	(B) ORIGINAL FEE	TOTAL OF COLUMNS (A & B)
Hawkers/Peddlers	\$25.00	PER MONTH OR \$50.00 FOR THE YEAR, 1/1-12/31	\$	
Itinerant Vendors	\$25.00	SAME	\$	
Game Machines	\$100.00	# of addt'l machines _____ @ \$ 50. ea = _____	\$100.00	
Circus/Carnival/or Performance	\$100.00		\$100.00	
Photo ID (required)	0	_____		
Additional Fees				
			TOTAL FEES	

Amended & Adopted by the Board of Selectmen X/XX/20XX