



**TOWN OF WESTMORELAND, NH
APPLICATION FOR MOBILE VENDOR PERMIT**

Seasonal Permit April 1st – October 31st

Name of Applicant: _____

Name of Business: _____

Address of Business: _____

Telephone Number (cell) _____ Email Address _____

Merchandise to be sold: (General Description) _____

Days and the hours of operation: _____

Location for sale of goods:

Describe parking: _____

If selling food, Current NH Mobile Food License (Copy Attached) Yes _____ No _____

Other State issued licenses (Copy Attached) Yes _____ No _____

OWNER OF PROPERTY:

(If applicant is not the owner of the property, owner must sign and have notarized).

Property Owner (Print)

Property Owner Signature

Date

This instrument was acknowledged before me this _____ [date]

by _____ [name of signer]

Signature of Notary

Commission Expires

**TOWN OF WESTMORELAND MOBILE VENDOR PERMIT
(FOR TOWN USE ONLY)**

Complete Application Received _____ \$150 Fee Received _____

Effective Start Date _____ Expiration Date _____

Approved by Selectboard:

