



City of Rochester, New Hampshire

Building and Licensing Services

Hawkers & Peddlers License Application

Applying for:

Yearly \$100

Weekly \$25

Applicant / License Holder Information:

Name: _____ Phone: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____
Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Are you employed by a Business? Yes No

If Yes - What is the relationship between you and the business? _____

Business Information:

☐ Assoc ☐ Corp ☐ Inc ☐ LLC ☐ Other

Business Name: _____ Location: _____

Description / Nature of business: _____

Daily Operator (Manager): _____ Phone: _____ Email: _____

Permit Information:

Description or Nature of Business and goods to be sold: _____

Location (address) of the sale of goods: _____ Requested effective date: _____

If a vehicle is being used please provide - Vehicle make & model _____ Vehicle color: _____

License Plate #: _____

The following must be submitted at the time of application:

1. If a specific stationary location is to be used, written permission of the property owner.
2. State Hawkiers & Peddlers License #: _____ Exp date: _____

*A vendor shall not obstruct traffic, pedestrian, vehicular, or interfere with any business' access to their place of business in the exercise of their hawkers and peddlers license. Any such obstruction or interference may result in revocation of the license by the Licensing Board
I agree to comply with all rules and regulations pertaining to the City Ordinance adopted by the City of Rochester and all State Statues, where applicable, pertaining to the license applied for.*

Signature

Date

33 Wakefield Street * Rochester, NH 03867 * Telephone: (603)332-3508 * Fax: (603)330-0023

Website: www.rochesternh.gov Online Portal: <https://rochesternh.portal.opengov.com/>



City of Rochester, New Hampshire

Building and Licensing Services

Release of Information Authorization

Name: _____

Have you ever been convicted of a criminal offense? _____ If so, what for? _____

U.S Citizen: Yes No Date of Birth: _____ Place of Birth: _____

This is to certify that I am applying for a license from the city of Rochester. In connection with this application, I hereby authorize the City of Rochester Police Department to conduct a criminal record check for the purpose of this application, the results to be forwarded to the Chief of Police or his designee for review and disposition. This information will be kept in the strictest confidence, and no other agency will have access to without written permission from me.

I understand the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of, or resulting from the release of this information. I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Note:

You may refuse to sign this authorization, however all processes related to any application you are filing shall cease and be void without the release being signed.