



TOWN OF LINCOLN, NH
Lincoln Police Department
PO Box 488
Lincoln, NH 03251-0488

Phone: 603-745-2238
Fax: 603-745-6743
Email: ChiefofPolice@lincolnnh.org
Web: www.lincolnnhpd.org

Application for Transient Vendor License – Hawkers/Peddlers/Vendors (*Part A*)

(Application has two parts: Part A – Police Background Check and Part B – Site Plan Review by Planning Board)

Tax Map _____ **Lot** _____

Street Address of Proposed Vending Location: _____

INSTRUCTIONS TO APPLICANT: This application is not acceptable unless all requested data is completed. Sketches of the proposed location, with specifications must accompany all applications. A **non-refundable \$50.00 application fee must be included with PART B** of the application. Checks should be made payable to Town of Lincoln.

Do not write in this space.
15 Day Review Period; 30 Day Approval Process.

Date Received: _____

Rec'd by: _____
[signed]

Permit Number: _____

Police Approval for the following dates:
_____ to _____

Lincoln Police Preliminary Review of Transient Vendor License Application (Part A)

1. Do you have a State of New Hampshire Hawkers and Peddler License as required under NH RSA 320? If yes, please attach a copy.
2. Do you have a State Itinerant Vendor License as required under NH RSA 321? If yes, please attach a copy.
3. Description of all merchandise to be sold:

4. Anticipated Police/Fire/EMT issues:

5. Hours of Operation:

6. Vending Dates:

7. I am requesting a license for door to door sales? ☐ Yes ☐ No

8. Will the vending location obstruct a traveled portion of a highway or a town right of way? ☐ Yes ☐ No

Applicant's Social Security # (Lincoln Police Department will black out these items after Police Department approval is granted before sending to Lincoln Planning Department for Review.)	Applicant's Date of Birth
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Primary Vendor - Applicant's Full Name

Primary Vendor Applicant's Signature/Date

Home Address – Street Address

Business Address – Street Address

PO Box or Mailing Address, if different

PO Box or Mailing Address, if different

Home City, State, ZIP

Business City, State, ZIP

Home Phone Number

Business Phone Number

Cell Phone Number, if any

E-mail address, if any

1. Is the vending operation owned by someone other than you – the applicant? If yes, the owner of the vending business must sign as a co-applicant and the following information is needed:

Vending Business Owner/Co-Applicant's Name

Vending Business Owner Signature/Date

Co-Applicant's Street Address

Business Address – PO Box or Mailing Address, if different

City, State, ZIP

Home Phone Number

Business Phone Number

E-mail address, if any

Cell Phone Number, if any

2. Do you have written permission from the owner/possessor of the property, if required? If yes, please attach a copy of the written permission or the owner of the property on which the vending operation will occur must sign as a co-applicant and the following information is needed:

Property Owner/Co-Applicant's Name
Date

Property Owner/Co-Applicant's Signature

Property Owner/Co-Applicant's Street Address

Property Owner/Co-Applicant's Mailing Address, If Different

City, State, ZIP

Home Phone Number

Business Phone Number

E-mail address, if any

Cell Phone Number, if any

3. Describe the Stand or Motor Vehicle (including registration data) to be used in vending business.
(Attach photo if available.)

Give to: Lincoln Police Chief
Lincoln Police Department
PO Box 488
Lincoln, NH 03251
P: 603-745-2238
F: 603-745-6743
ChiefofPolice@lincolnnh.org

State of New Hampshire
Grafton County
Town of Lincoln

This vendor _____
has satisfied the requirements for public safety as required by the Lincoln Police Department.

Police Chief

Date