



CITY OF PORTSMOUTH, NEW HAMPSHIRE
OFFICE OF THE CITY CLERK

HAWKERS & PEDDLERS APPLICATION

INSTRUCTIONS: Please print or type all information clearly and please note that all required documentation and payment must be submitted together or it will not be accepted.

APPLICANT INFORMATION: (Primary Vendor)

Name: _____ Address: _____

Telephone Number: _____

Name of Business: _____ Name of Owner _____
(If different)

Type of Business: _____

Specify Food/Beverage/Merchandise Sold _____

Specify Farm/Orchard Products: _____ Grown by Applicant (circle): YES NO

STAND INFORMATION: (See Vendor Informational Pamphlet for cart dimensions)

Stand/Motor Vehicle Name and Description: _____
(attach a photograph for reference)

Vehicle Plate Number: _____ Registration Number: _____ State: _____

LICENSING INFORMATION

State License Number: _____ Expiration Date: _____

Food Permit Number* _____ Expiration Date: _____

****PLEASE NOTE: Health Food Permits for sidewalk food carts are issued for the period of April 15th through October 15th only.***

OTHER EMPLOYEES:

List any other people who may be collecting money at your vending location (***Please note: photocopy of identification for each additional employee must be attached***)

Name

Address

Name

Address

Name

Address

Name

Address

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Documentation submitted:

___ Certificate of Insurance – Issued by an insurance company with the policy length based on the length of the permit or if policy requires renewal prior to the expiration date of the permit, the applicant is required to provide an updated policy prior to expiration date. Coverage minimums are \$1,000,000 for Personal Injury and Property Damage and the City of Portsmouth must be listed as Certificate Holder and Additionally Insured with vending as the specified activity in the Description of Operations section. **(See attached example policy)**

___ Photograph of Stand/Motor Vehicle (**prior year photographs will not be removed from the files**)

___ Health Permit (if applicable)

___ Valid Picture Identification

___ **Permit Fee - \$250.00** Cash ___ Check# _____

NOTE: Please see attached document for the seven (7) allowed locations which are available on a first-come first-served basis and cannot be reserved.

I, the undersigned, agree to abide by all local ordinances including without limitation those ordinances relating to food safety as well as City Council Policy #2009-04 and applicable State laws. I further understand and acknowledge that there may be additional obligations under State law regarding the licensing of employees and agents. **Failure to comply is grounds for revocation of your license.**

I represent that my statements in this application and the documents submitted with this application are true to the best of my knowledge and belief. **Misrepresentation is grounds for revocation of your license.**

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ I.D. Presented: _____

City Clerk Approval: _____ Date: _____

Permit # _____