



Hawkers and Peddlers License Application
Allenstown Police Department
40 Allenstown Road
Allenstown, NH 03275
(603) 485-9500

Applicant Information

Name _____ Date of Application _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____
I have obtained a New Hampshire Hawkerc and Peddlers License # _____
issued on _____.

Company Information

Company Name _____
Company Address _____
Company Phone Number _____
Owner's Name _____ Title _____
Owner's Home Address _____

Employees

Note: All persons employed operating under this license their name, date of birth and home address must be added to the application prior to being employed under any permit issued. All additional employees should be listed on the back of this application.

1.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____
2.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

3.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

4.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

5.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

Vehicle Information

Note: All additional vehicles should be listed on the back of this application.

Make _____ Model _____ Year _____ License Plate No. _____
Color _____ State _____ Registration No. _____

Insurance Information

Company _____
Policy Number _____

Merchandise Information

Type of Merchandise _____
Case Products from farm or orchard _____
Produced or grown by applicant _____
General Area in which you intend to sell _____

I have annotated below all of my motor vehicle offenses and criminal convictions and that of all employees that are employed by me.

Note: All additional motor vehicle offenses and criminal convictions should be listed on the back of this application.

Motor Vehicle Offenses

<u>Date</u>	<u>Offense</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Criminal History

<u>Date</u>	<u>Offense</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear that the information stated above is true to the best of my knowledge.

_____ Date	_____ Signature
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_____ Date	_____ Justice of the Peace
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