

The State of New Hampshire  
Department of State



State House, Room 204, Concord, NH 03301  
Phone: 603-271-3242 Fax: 603-271-6316  
website: www.sos.nh.gov

**APPLICATION FOR COMPANY ITINERANT VENDOR'S LICENSE  
RSA 321**

**Please type or print**

1. Name of applicant, exact registered trade name of firm, partnership, association or corporation:

\_\_\_\_\_  
**(ALL BUSINESSES MUST BE REGISTERED WITH THE OFFICE OF NH SECRETARY OF STATE, AS  
REQUIRED BY STATUTE, BEFORE A LICENSE MAY BE OBTAINED)**

2. Applicant's principal place of business \_\_\_\_\_  
\_\_\_\_\_  
(COMPLETE ADDRESS)

3. Name, official title and address of at least two members or officers of corporation

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____

4. In what states, if any, has applicant ever been registered or licensed as an itinerant vendor? \_\_\_\_\_

5. Has applicant held such a license in home state? \_\_\_\_\_ YES \_\_\_\_\_ NO      How long? \_\_\_\_\_

6. Do you understand that an itinerant vendor license restricts the licensee to selling under the provisions of RSA 321? \_\_\_\_\_

7. Please list all agents possessing itinerant vendor's licenses, pursuant to RSA 321

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use additional sheet if necessary)

**PLEASE COMPLETE NEXT PAGE**

TO BE COMPLETED BY REPRESENTATIVE OF APPLICANT

\_\_\_\_\_  
Name of Firm, Partnership or Corporation

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
\_\_\_\_\_, the undersigned officer, personally appeared, \_\_\_\_\_  
\_\_\_\_\_, who acknowledged himself to be the \_\_\_\_\_ (title)  
of \_\_\_\_\_ (firm, partnership or corporation name) and that he,  
as such \_\_\_\_\_ (title) being authorized so to do, executed the foregoing instrument for the purposes  
therein contained, by signing the name of the corporation, form or partnership by him as \_\_\_\_\_ (title).

In witness whereof I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public/Justice of the Peace

(Seal)

My commission expires: \_\_\_\_\_

**NOTE:** Be advised that, as per RSA 321, the expiration of your corporate license or bond, for any reason, shall immediately render any and all agent licenses null and void.

**FEE:** \$250.00 (INCLUDES ONE AGENT) PLUS A \$5000 SURETY BOND FILED WITH THIS OFFICE (Checks made payable to NH Secretary of State).