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 INDIVIDUAL ITINERANT VENDOR'S LICENSE RSA 321

Please type or print Name of Applicant Phone Home Address____ I herewith make application to act as an agent for ____(company name and complete address) which has previously applied for a Company Itinerant Vendor's license under RSA 321. The goods, wares and merchandise said company will be selling is: Applicant Signature County___ On this ______day of _______, 20_____, personally appeared the abovenamed applicant as agent and made oath that the foregoing statements made by him/her are true. (Seal) Notary Public/Justice of the Peace My commission expires:

NOTE:

Upon expiration of your company's Itinerant Vendor's license or bond, for any reason, your license as agent shall be immediately null and void. Within 10 days of an expiration notification from this office, you will be required to return your license. FEE \$250.00 (checks made payable to NH Secretary of State)