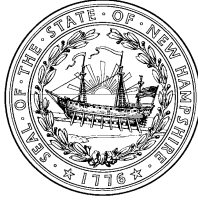


The State of New Hampshire  
Department of State



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

**Application for a State Hawker and Peddler License  
RSA 320**

**Please type or print clearly:**

1. Name of Applicant \_\_\_\_\_

2. Address \_\_\_\_\_  
\_\_\_\_\_ street \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ town/city/state \_\_\_\_\_ zip code \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
(if different from no. 2)

4. Date of Birth: \_\_\_\_\_ Sex: Male  Female  Height \_\_\_\_\_ Weight \_\_\_\_\_  
Color Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

List any distinguishing characteristics or marks: \_\_\_\_\_

5. Give a general description of the merchandise you will be selling:  
\_\_\_\_\_

6. List any state(s) that you have ever been licensed as a hawker or peddler:  
\_\_\_\_\_

7. How long have you held such a license in your **HOME** state: \_\_\_\_\_  
(This question to be answered by non-residents only)

8. Were you ever refused a hawker or peddler license or has your license ever been suspended, revoked or canceled? \_\_\_\_\_ If so, by what states and when? (Give reasons) \_\_\_\_\_

TURN OVER →

9. Have you ever been convicted of a crime that has not been annulled by a court, other than minor traffic violations? Yes  No  If Yes answer the following: a. Nature of offense \_\_\_\_\_  
b. Date of conviction \_\_\_\_\_ c. Sentence/Disposition \_\_\_\_\_

10. Have there been or are there now any suits or proceedings pending in any court; either at law or in equity, involving fraud, deceit or misrepresentation where the applicant was or is a party interested? If so, explain fully:

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

11. Have you ever been or are you now involved in any matters which affect your good repute or trustworthiness or have any relation to or bearing upon whether you are entitled to public confidence? If so, explain:

\_\_\_\_\_

**I understand that as a licensed hawker and peddler, my license restricts me to selling under the provisions of RSA 320, and that I must comply with all local ordinances, by-laws and regulations.**

**I swear that the foregoing statements made by me are true.**

\_\_\_\_\_  
Signature of Applicant

State \_\_\_\_\_

County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, personally appeared the above-named applicant and made oath that the foregoing statements made by him/her are true.

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

(notarial seal)

**Fee of \$50 must accompany this application**

Persons exempt: Any soldier or sailor disabled in any war in which the U.S. has been engaged, or by sickness or disability contracted therein or since his discharge because of such service, or the widow of any soldier or sailor so long as she remains unmarried, or any citizen of N.H. over 70 years of age.