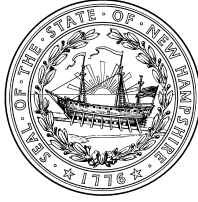


The State of New Hampshire
Department of State



107 North Main Street
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

State _____

County _____

On this _____ day of _____, 20____, personally appeared the above-
named 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 Treasurer, State of New Hampshire)