



TOWN OF NEW DURHAM
TRANSIENT SALESPERSONS LICENSE
APPLICATION

Date of Application: _____

Application Number: _____

Name of Applicant: _____

Home Address: _____

Business Address: _____

IF DIFFERENT THAN APPLICANT

Name of Owner: _____

Business Address: _____

Description of Goods or Services to be Sold: _____

Vehicle Description: _____

Plate Number: _____ Registration Number: _____

Names of Persons Soliciting: _____

Last Town Solicited In: _____



Please Give *Name, Number and Relationship* for Each Reference

Personal Reference: _____ Professional Reference: _____

THE FOLLOWING TO BE SUBMITTED AT TIME OF APPLICATION

- A. Copy of State License issued to Applicant (RSA 320:8)
- B. Valid Photo ID of Applicant and Owner
- C. Results of current NH and FBI Criminal Record Check

Permission is hereby given to investigate the licensee and I hereby certify that the above information is true and correct.

Date: _____ Applicant Signature: _____

Owners Signature: _____

License # _____

**LICENSE TO EXPIRE
MARCH 31, 2024**

Reviewed By

Town Administrator: _____ Date: _____

Police Chief: _____ Date: _____

Fire Chief: _____ Date: _____

Approved By:

Select Board Chair: _____ Date: _____ Selectman: _____ Date: _____

Selectman: _____ Date: _____