



Town of Hanover, State of New Hampshire
Application for Vendor Permit
Questions? e-mail townclerk@hanovernh.org
or call 603-640-3200

1. Applicant's Name: _____
2. Name of Business: _____
3. Business Address: _____
4. Phone Number(s): _____
5. Temporary Outlet Space # Requested: _____
6. Daily Vendor Permit for (insert date) _____ Nine Month Vendor Permit (Mar-Dec)
7. Description of Business and Merchandise to be Sold: _____

If selling or otherwise distributing food and/or non-alcoholic beverages, the applicant will comply with all State health and food laws and regulations, as necessary and as required by Town of Hanover Ordinance #27, Street Vendor Ordinance, Section 11.D.

8. Description of Stand Appearance (must include dimensions, include list of accessory equipment – if any):

9. Certificate of Insurance naming the Town of Hanover as Certificate Holder received (min. \$500k)

INDEMNIFICATION AGREEMENT

The applicant agrees to pay on behalf of the Town all sums which the Town shall be obligated to pay by reason of any liability imposed upon the Town for damages of any kind resulting from the applicant's use of the public right of way caused by accident or otherwise; and shall defend at its own expense and behalf of the Town any claim against the Town arising out of the applicant's use of the public right of way.

Signature of Applicant: _____ Date: _____

Print Applicant Name: _____



TOWN OF HANOVER VENDOR PERMIT

Business Name: _____
Address: _____
Telephone Number: _____
Space #: _____ **Effective Date(s):** _____

Approved:

TRACY A WALSH HANOVER TOWN CLERK