



CITY OF LACONIA
APPLICATION FOR MOTORCYCLE WEEK VENDING LICENSE
FOOD/NON FOOD

PLEASE PRINT OR TYPE
ALL INFORMATION MUST BE COMPLETE FOR APPLICATION TO BE ACCEPTED

Name of Business/Organization: _____

Your Name: _____

Mailing Address: _____
(Street) (P.O. Box)
(City) (State) (Zip)

Telephone # _____ Email _____

Vending Location _____
(Street address or location) Space Number Sq. Footage

Additional locations you intend to vend:

(1) _____
(Street address or location) Space Number Sq. Footage

(2) _____
(Street address or location) Space Number Sq. Footage

Name of owner (s) of property on which you intend to vend: _____

Do you have written permission from the owner? ____Yes ____No (Please send in property permission form if owner sent this to you.)

List all the merchandise you intend to sell or display (must be specific): _____

(ONLY THOSE ITEMS LISTED WILL BE PERMITTED TO BE SOLD OR DISPLAYED)

Is your business or organization a charitable or a not for profit? ____Yes ____No Non-Profit ID # _____
(If yes, supply proof of your non-profit status with the State of NH)

Do you intend to offer entertainment or have a loudspeaker? ____Yes ____No
(if yes, an additional entertainment or loudspeaker license is required)

- Vendor Application \$600
Food Inspection Fee \$75
Late Fee if after June 5, 2026 \$100
Non Profit Application \$100
Non Profit Late Fee if after June 5, 2026 \$25
Entertainment or Outdoor Loudspeaker License \$550

Total Application Fee: _____ (no personal checks after June 1, 2026)

I hereby acknowledge that I have read and understand the conditions of Chapter 195 Appendix A & B, and I understand that I am required to follow all City, State & Federal laws that apply to me with this license.

Signature _____ Date _____

(FOR CITY USE ONLY)
Received on (date): _____ By: _____

Licensing Approval on: _____ License Start: _____ License Expires : _____
Special Conditions of Approval: _____ Check here if approved per 161.20 of City Licensing Ordinance