



# Town of Bristol

## Non Profit Permit Application

This application must be submitted at least fifteen (15) days prior to the requested effective date. The licensing period expires at the end of the term for which it was granted.

<b>Name of Applicant:</b>	
<b>Legal Address:</b>	
<b>Phone Number:</b>	

<b>Business Name:</b>	
<b>Items or Service to be Sold:</b>	

Type of permit (please check one):		Date(s) of event:	Fee Amount
Single Event Permit:	<input checked="" type="checkbox"/>		\$ 10.00
Yearly Permit:	<input type="checkbox"/>		\$ 25.00

<b>Mobile or Stationary Unit:</b>	
<b>Is unit to be operated in a stationary location on private property: (If yes, attach authorizing letter from property owner and site plan showing location of unit on site)</b>	

- The following MUST be submitted at the time of application (IF APPLICABLE):**
1. The appropriate permit fee.
  2. A certificate of current/valid insurance coverage in the amount not less than \$500,000, and will remain in effect during the term of the license. (RSA 320/321 and Town ordinance)
  3. Proof of non-profit status.
  4. Food vendors must attach a copy of their sanitation inspection certification required by RSA 143/143-A. Food Vendors that are not required to obtain a license from the State must be inspected by Health Officer.
  5. See Hawker's and Peddler Ordinance for more complete information.
  6. The Board of Selectmen and/or the Town Administrator reserve the right to waive the non-profit application fee upon request.

As the applicant for a license to perform hawking and peddling, I understand that I must attach the required paperwork as outlined in the application. By my signature, I state, under penalty of Unsworn Falsification (RSA 641:3), that the information provided is true and that I have read and understood the ordinance regulating hawking and peddling in the Town of Bristol, New Hampshire and am aware of all requirements and penalties. I am also aware that the license may be revoked for just cause after notice and hearing.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**Applicable Department Approvals:**

**Reviewed by: Bristol Police Department**

**Comments:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police's Signature

Approved. Restrictions:

Not applicable:

Denied. Reason(s):

\*\*\*\*\*

**Reviewed by: Bristol Health Officer**

**Comments:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer's Signature

Approved. Restrictions:

Not applicable:

Denied. Reason(s):

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**Reviewed by: Bristol Fire Department**

**Comments:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief's Signature

Approved. Restrictions:

Not applicable:

Denied. Reason(s):

\*\*\*\*\*

**License #:** \_\_\_\_\_ **Date of Expiration:** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Administrator's Signature