



Town of Troy

16 Central Square - PO Box 249 - Troy, New Hampshire 03465

OUTDOOR VENDORS AND TRANSIENT SALES ORDINANCE PERMIT APPLICATION

Date: _____

Applicant's Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

Emergency Phone: _____

E-Mail Address: _____

Type of Business: Regulated Services: NO YES (If Yes, Attach NH Health Permit)

Food Sales: NO YES (If Yes, Attach NH Health Permit)

Cooking Device: NO YES (If Yes, Troy Fire Permit Shall Be Required)

Motor Vehicle: NO YES (Attach Registration and Verification of Insurance)

Type/Size of Vehicle: _____

Type/Size of Equipment: _____

Sales Location: _____

Sales Area Size: _____

Sales Dates & Times: _____

Employee Identification: (List the Names of all Employees Including the Applicant)

(Attach a Copy of Driver's License or ID for each Employee and the Applicant)

I, _____, hereby certify that I have read and understand the Town of Troy Outdoor Vendor and Transient Sales Ordinance. I am aware that a Permit issued under this Ordinance applies only to the information listed herein. Employees and the Applicant will always comply with the terms of the Ordinance at all times and I understand that this Permit may be revoked as provided in the Ordinance. I also understand there is a \$25 fee which will be due after approval.

