

APPLICATION FOR PEDDLER LICENSE

Applicant's Name _____

Address _____

Telephone Number _____

Name of Business _____

Address, if _____

different _____

Business Phone _____

State purpose of license.

Applicant's Signature _____

Date _____

This application will be reviewed by the office of selectmen at its next regularly scheduled meeting. A decision will be made for granting or denying the application within seven days from the review.