



**Town of Freedom, NH**  
PO Box 227 Freedom, NH 03836

Phone: (603)539-6323 E-Mail: [Office@townoffreedom.net](mailto:Office@townoffreedom.net)

**TEMPORARY SALES LOCATIONS AND VENDOR APPLICATION**

**APPLICANT:**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Owner Name & Address (if different): \_\_\_\_\_

Type of Food, Beverage, or Merchandise to be Sold: \_\_\_\_\_

**STAND/MOTOR VEHICLE INFORMATION:**

Proposed Location of Vending Business (Motor vehicle vendors - describe general area):  
\_\_\_\_\_

Is proposed location on private property? (If yes, written permission of owner required): \_\_\_\_\_

Description of Stand or Motor Vehicle: \_\_\_\_\_

Vehicle Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**Food Safety Measures** (Attach Menu if available)

Will your food require hot holding? \_\_\_\_\_ Hand Washing Facility? \_\_\_\_\_

Will your food require cold holding? \_\_\_\_\_

List hot/cold methods: \_\_\_\_\_

List All Foods: \_\_\_\_\_

Source of Food: \_\_\_\_\_

Grilling or Frying at event? \_\_\_\_\_ List Safety Precautions: \_\_\_\_\_

**FEES (chose the appropriate license):** \*Checks made payable to: Town of Freedom\*

\$50.00 **1-Day License:** Shall be valid for only the calendar day for which the license is issued.

List the date that you will be operating: \_\_\_\_\_

\$100.00 **1-Week License:** Shall be issued for a specific time period from two(2) to up to seven (7) consecutive days. The expiration date shall appear on the approved license.

List the dates that you will be operating: \_\_\_\_\_

- \$250.00 **Annual License:** Valid from April 1 – March 31 (See Below for Multiple Locations)

Licenses are not transferable and shall be issued only for specific cart, stand or vehicle to be located at a specific location. An additional license shall be required for each additional cart, stand or vehicle or for any change in the location of the vending business.

- \$100.00 **Annual 2<sup>nd</sup> Location:** Address \_\_\_\_\_
- \$50.00 **Annual 3<sup>rd</sup> Location:** Address \_\_\_\_\_

**Sale Districts:**

Vendors shall only operate in the Residential/Light Commercial district or on commercial properties (subject to site plan review) If operating on commercial properties vendor may only serve the members or residents of those locations. They may not be open to the general public.

**COMPLETE APPLICATION** PACKETS should be submitted to the Town Office at the following address either by mail or in person 14 days prior to event: Town of Freedom PO Box 227, Freedom, NH 03836. **Incomplete applications will be returned to sender.**

**DOCUMENT CHECKLIST** Please call (603)539-6323 if you have questions about what is required.

**REQUIRED BY ALL VENDORS**

- Copy of Current and Valid Hawker and Peddlers License issued by the NH Secretary of State. (Form provided in packet)
- Photograph of stand or motor vehicle to be used in the operation of the business.
- Written consent of property owner.
- Insurance policy with combined single limit of \$1,000,000, naming the Town of Freedom as an additional insured (ONLY required if vending on public right-of-way or town-owned property)
- A completed criminal background investigation dated within 6 months provided by the applicant in writing from the State of NH and the applicant's state of residence (if different). Applicants who are engaged in their peddler/vendor/hawker activities at an event, with written approval from the event-sponsor, and when said event has obtained all other required approvals from the State and the Town, are exempt from this criminal background check requirement. (Form provided in packet)

**REQUIRED BY MOBILE VENDORS (in addition to above)**

- Completed motor vehicle record dated within the last 6 months provided by the applicant from the State of NH and the applicant's state of residence (if different).

- NHDHHS Mobile Food Unit License
- ServSafe Certification
- Color Copy of Driver's License
- Current copy of Food License
- Mobile Food Service Commissary Certificate or Prepared Foods Certificate (Form provided in packet)
- Current Safety Inspection (Can be from another town/city or one must be scheduled with the Freedom Fire Department once application is approved)

Applicant Certifies that the following applicable items are in compliance with Current NFPA Life Safety Code (NFPA Food Truck Safety Sheet included in packet):

- Any mobile food truck operating within the town of Freedom that produces grease laden vapors shall be equipped with an automatic fire extinguishing system.
- Any mobile food truck operating within the town of Freedom that uses LP-gas shall be equipped with a listed LP-gas alarm.
- All mobile food trucks that do not create grease laden vapors shall have at a minimum (1) 5 pound or 2A10BC minimum rated, multi-purpose fire extinguisher in the path of egress from the cooking area.
- All mobile food trucks that create grease laden vapors shall have the following equipment:
  - Exhaust system which includes grease removal devices
  - (1) 6-liter Class K fire extinguisher in the path of egress
  - Carbon Monoxide Detector
- Mobile food trucks that utilize propane fueled cooking equipment shall comply with the following:
  - LP-Gas containers transported on the vehicle and used to fuel cooking appliances shall not exceed 200 pounds propane capacity
  - LP-gas containers shall be securely mounted and restrained to prevent movement and have Annual Service and Inspection by Certified Technician
- Ensure there is no public seating within the mobile food truck.
- Check that there is a clearance of at least 10 ft away from buildings, structures, vehicles, and any combustible materials

The following Additional Rules must be followed in order to obtain and retain your Vendor Permit:

- Verify fire department vehicular access is provided for fire lanes and access roads. Food trucks shall be parked in a location that provides sufficient parking space to accommodate all cars that come to the site.
- The parking location shall have sufficient space for a turnaround area to prevent cars from backing onto the road and no street parking is allowed.
- Ensure that workers are trained in the following:
  - Proper use of portable fire extinguishers and extinguishing systems
  - Proper method of shutting off fuel sources
  - Proper procedure for notifying the local fire department
  - Proper procedure for how to perform simple leak test on gas connections

- Allowable hours of operation for food trucks or mobile food service vendors shall be from 8:00 a.m. to 9:00 p.m. unless otherwise specified by the Zoning Officer. – If prep/clean up require additional time there must be no excessive noise or lighting.
- All food trucks or mobile food service vendors shall be staffed with at least one member who is ServSafe Food Protection Manager Certified, or other ANSI certified course, per the FDA Food Code requirements.
- Food trucks or mobile food service vendors shall be fully self-contained and shall not rely on an external generator to operate their facility nor idle their vehicles for longer than 5 minutes. Generators 75 decibels and below are exempt from this requirement.
- The town reserves the right to limit the number of food trucks and mobile food service vendors that can operate in Freedom at one time.
- All food truck vendors must have proof of an insurance policy (combined single limit of \$1,000,000)
- All waste from the food truck must be removed from the location where the food truck is parked at the close of business each day.
- Alcohol is not permitted on Town Owned Property.
- Signage must comply with Article 23 Section 2301 of Freedom's Zoning Ordinance
- The food truck operator is responsible for maintaining order at the site in compliance with Freedom's quiet hours and NH's disorderly conduct statute.
- Violation of Zoning Ordinance:
  - 1st offense - \$100 fine
  - 2nd offense - \$300 fine
  - 3rd violation will result in loss of permit

*I, the undersigned, certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any false statement(s) will be considered sufficient to refuse issuance or revoke a license to operate within the Town of Freedom and I am subject to the rules and regulations of the Code of the Town of Freedom and the laws of the State of New Hampshire.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

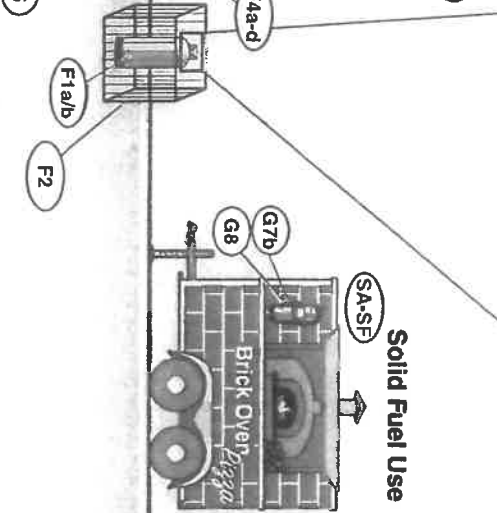
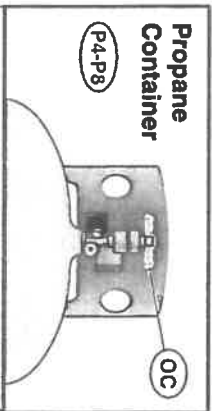
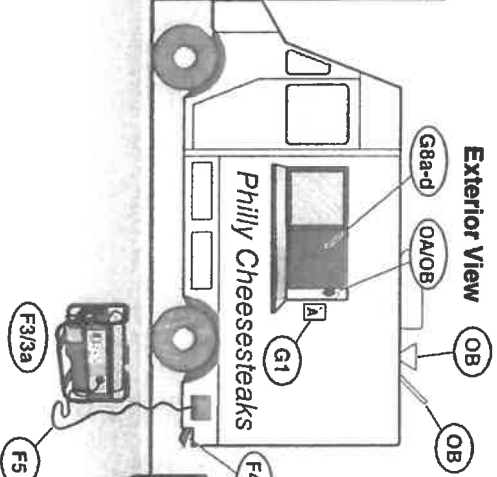
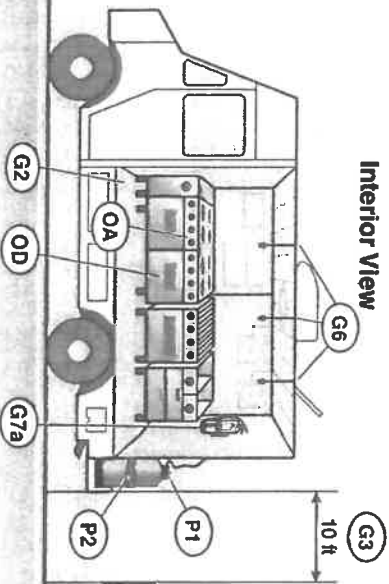
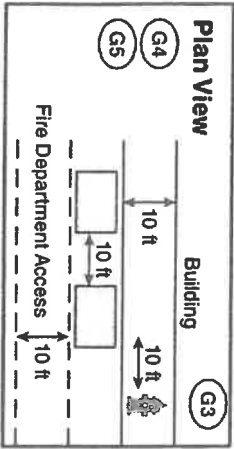
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(For Town Use Only)

Paid: Amount \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check:  Check # \_\_\_\_\_ OR Cash:



# FACT SHEET » Food Truck Safety



**NATIONAL FIRE PROTECTION ASSOCIATION**  
 The leading information and knowledge resource on fire, electrical and related hazards

NOTE: This information is provided to help advance safety of mobile and temporary cooking operations. It is not intended to be a comprehensive list of requirements for mobile and temporary cooking operations. Check with the local jurisdiction for specific requirements. This safety sheet does not represent the official position of the NFPA or its Technical Committees. The NFPA disclaims liability for any personal injury, property, or other damages of any nature whatsoever resulting from the use of this information. For more information, go to [nfpa.org/foodtrucksafety](http://nfpa.org/foodtrucksafety).

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## FACT SHEET » Food Truck Safety (continued)

NFPA code references are provided at the end of each item. The red keys correspond to the NFPA food truck safety diagram. For more detailed information, see Annex B in NFPA 96.

### GENERAL SAFETY CHECKLIST

- Obtain license or permits from the local authorities. [1:1.12.8(a)] G1
- Ensure there is no public seating within the mobile food truck. G2
- Check that there is a clearance of at least 10 ft away from buildings, structures, vehicles, and any combustible materials. [96:7.8.2; 96:7.8.3 for carnivals only] G3
- Verify fire department vehicular access is provided for fire lanes and access roads. [1:18.2.4] G4
- Ensure clearance is provided for the fire department to access fire hydrants and access fire department connections. [1:13.1.3; 1:13.1.4; 1:13.1.5] G5
- Check that appliances using combustible media are protected by an approved fire extinguishing system. [96:10.1.2] G6
- Verify portable fire extinguishers have been selected and installed in kitchen cooking areas in accordance with NFPA 10. [96:10.9.3] G7a
- Where solid fuel cooking appliance produce grease-laden vapors, make sure the appliances are protected by listed fire-extinguishing equipment. [96:14.7.1] G7b
- Ensure that workers are trained in the following: [96:B.15.1] G8
  - Proper use of portable fire extinguishers and extinguishing systems [10:1.2] G8a
  - Proper method of shutting off fuel sources [96:10.4.1] G8b
  - Proper procedure for notifying the local fire department [1:10.14.9 for carnivals only] G8c
  - Proper procedure for how to perform simple leak test on gas connections [58:6.16; 58:6.17] G8d

### FUEL & POWER SOURCES CHECKLIST

- Verify that fuel tanks are filled to the capacity needed for uninterrupted operation during normal operating hours. [1:10.14.10.1 for carnivals only] F1a
- Ensure that refueling is conducted only during non-operating hours. [96:B.18.3] F1b
- Check that any engine-driven source of power is separated from the public by barriers, such as physical guards, fencing, or enclosures. [96:B.16.2.2] F2
- Ensure that any engine-driven source of power is shut down prior to refueling from a portable container. [1:11.7.2.1.2] F3
- Check that surfaces of engine-driven source of power are cool to the touch prior to refueling from a portable container. F3a
- Make sure that exhaust from engine-driven source of power complies with the following: F4
  - At least 10 ft in all directions from openings and air intakes [96:B.13] F4a
  - At least 10 ft from every means of egress [96:B.13] F4b
  - Directed away from all buildings [1:11.7.2.2] F4c
  - Directed away from all other cooking vehicles and operations [1:11.7.2.2] F4d
- Ensure that all electrical appliances, fixtures, equipment, and wiring complies with the NFPA 70®. [96:B.18] F5

### PROPANE SYSTEM INTEGRITY CHECKLIST

- Check that the main shutoff valve on all gas containers is readily accessible. [58:6.26.4.(3)] P1
- Ensure that portable gas containers are in the upright position and secured to prevent tipping over. [58:6.26.3.4] P2
- Inspect gas systems prior to each use. [96:B.19.2.3] P3
- Perform leak testing on all new gas connections of the gas system. [58:6.16; 58:6.17] P4
- Perform leak testing on all gas connections affected by replacement of an exchangeable container. [58:6.16; 58:6.17] P5
- Document leak testing and make documentation available for review by the authorized official. [58:6.26.5.(M)] P6
- Ensure that on gas system piping, a flexible connector is installed between the regulator outlet and the fixed piping system. [58:6.26.5.(B)] P7
- Where a gas detection system is installed, ensure that it has been tested in accordance with the manufacturer's instructions. [96:B.19.2.1] P8

### OPERATIONAL SAFETY CHECKLIST

- Do not leave cooking equipment unattended while it is still hot. (This is the leading cause of home structure fires and home fire injuries.) O1
- Operate cooking equipment only when all windows, service hatches, and ventilation sources are fully opened. [96:14.2.2; 96:14.2.3] O8
- Close gas supply piping valves and gas container valves when equipment is not in use. [58:6.26.8.3] O9
- Keep cooking equipment, including the cooking ventilation system, clean by regularly removing grease. [96:11.4] O10

### SOLID FUEL SAFETY CHECKLIST (WHERE WOOD, CHARCOAL, OR OTHER SOLID FUEL IS USED)

- Fuel is not stored above any heat-producing appliance or vent. [96:14.9.2.2] SA
- Fuel is not stored closer than 3 ft to any cooking appliance. [96:14.9.2.2] SB
- Fuel is not stored near any combustible flammable liquids, ignition sources, chemicals, and food supplies and packaged goods. [96:14.9.2.7] SC
- Fuel is not stored in the path of the ash removal or near removed ashes. [96:14.9.2.4] SD
- Ash, cinders, and other fire debris should be removed from the firebox at regular intervals and at least once a day. [96:14.9.3.6.] SE
- Removed ashes, cinders, and other removed fire debris should be placed in a closed, metal container located at least 3 ft from any cooking appliance. [96:14.9.3.8] SF

### NFPA RESOURCES

- NFPA 1, Fire Code, 2015 Edition
- NFPA 1 Fire Code Handbook, 2015 Edition
- NFPA 88, Liquefied Petroleum Gas Code, 2017 Edition
- LP-Gas Code Handbook, 2017 Edition
- NFPA 70®, National Electrical Code® 2017 Edition
- National Electrical Code® Handbook, 2017 Edition
- NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2017 Edition
- NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Handbook, 2017 Edition

For more of these resources,  
become an NFPA member

Town of Freedom  
PO Box 227  
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E-mail: Office@townoffreedom.net

**THIS FORM IS REQUIRED FROM ALL MOBILE VENDORS WHO PREPARE FOODS**

**MOBILE FOOD SERVICE ESTABLISHMENT - COMMISSARY CERTIFICATE**

NOTE: The NH Sanitary Food Code and the Town of Freedom Ordinance relative to the Licensing of Food Establishments requires that all food served by mobile vendors be prepared in an approved and licensed commissary. (A commissary is defined as a "catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored.")

Mobile Food Establishment operators who prepare foods must submit the following certificate, before the Town of Freedom may issue a permit to operate:

\* If the Commissary is located outside of Freedom, a copy of the commissary's permit to operate and most recent inspection are required.

NAME & ADDRESS OF COMMISSARY: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Owner of Commissary: \_\_\_\_\_ Daily Servicing time: \_\_\_\_\_  
(Please print)

If owner of the commissary is an individual other than the operator, then the following must be completed:

I hereby certify that I have given permission to \_\_\_\_\_,  
(Commissary owner)  
to prepare food and clean and sanitize equipment in my premises at:

\_\_\_\_\_  
Name Address

I understand that I am responsible for the wholesomeness and quality of food as it relates to preparation in my establishment, and certify that my establishment meets requirements of the NH Sanitary Food Code.

(Commissary Owner): Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Tel: \_\_\_\_\_

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**THIS FORM REQUIRED FROM ALL MOBILE VENDORS  
WHO SELL PACKAGED FOODS**

**MOBILE FOOD SERVICE ESTABLISHMENT - PREPARED FOODS CERTIFICATE**

NOTE: The NH Sanitary Food Code allows the operation of mobile food establishments without a commissary PROVIDING that all food products are pre-packaged at an approved commissary. If a mobile food establishment does not operate out of a commissary, then the following statement is required from all suppliers of sandwiches, pastries, prepared foods, etc. (This is not necessary for candy, packaged cupcakes, packaged potato chips, packaged drinks, etc.)

**SUPPLIER OF PREPACKAGED FOODS**

I hereby certify that I supply \_\_\_\_\_  
with the following food products: (Commissary Owner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that my establishment meets requirements of the NH Sanitary Food Code.

Supplier/Provider Name and Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Tel: \_\_\_\_\_

**\*The Health Department may require a current inspection report from an appropriate State or local health authority.**





10. Have you ever been convicted of a crime that has not been annulled by a court, other than minor traffic violations? Yes \_\_\_ No \_\_\_ If yes, answer the following: a. Nature of offense \_\_\_\_\_  
b. Date of conviction \_\_\_\_\_ c. Sentence/Disposition \_\_\_\_\_

11. Have there been or are there any suits or proceedings pending in any court; either a law or in equity, involving fraud, deceit or misrepresentation where the applicant was or is a party interested? If so, explain fully:

\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever been or are you now involved in any matters which affect your good repute or trustworthiness or have any relation to or bearing upon whether you are entitled to public confidence? If so, explain:

\_\_\_\_\_

**I understand that as a licensed hawker and peddler, my license restricts me to selling under the provisions of RSA 320, and that I must comply with all local ordinances, by-laws and regulations.**

**I swear that the foregoing statements made by me are true.**

\_\_\_\_\_  
Signature of Applicant

State \_\_\_\_\_

County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, personally appeared the above-named applicant and made oath that the foregoing statements made by him/her are true.

\_\_\_\_\_  
Notary Public/Justice of the Peace

(notarial seal)

**Fee of \$50 must accompany this application**

Persons exempt: Any soldier or sailor disabled in any war in which the U.S. has been engaged, or by sickness or disability contracted therein or since his or her discharge because of such service, or the widow or widower of any soldier or sailor so long as he or she remains unmarried, or any citizen of N.H. over 70 years of age.



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
 Central Repository for Criminal Records  
 33 Hazen Drive, Concord, NH 03305

**NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS**  
**EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41 9-b**

Fees: Employees  LIVESCAN - \$34.25 -or-  INKED - \$45.25;  Volunteers \$22.75 (Livescan or Ink)  
*must select one*

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME \_\_\_\_\_  
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
 Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Affix Seal) (Comm. Exp.)

DATE \_\_\_\_\_  
 SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

**NOTE: Make checks payable to: State of NH – Criminal Records.**

Applicant fingerprint card or livescan form must be submitted at the same time as payment and this form.