



TOWN OF WOODSTOCK

824 MAIN STREET WOODSTOCK NB E7M 2E8

APPLICATION FOR PEDDLER'S LICENSE

NAME: _____

ADDRESS: _____
(Number and Street) (City, municipality, town, village) Province Postal Code

PHONE: _____ FAX: _____

DATE OF BIRTH: _____

IF COMPANY, NAME & ADDRESS OF PERSON CONDUCTING BUSINESS:

NAME: _____

ADDRESS: _____
(Number and Street) (City, municipality, town, village) Province Postal Code

PHONE: _____ FAX: _____

AREA OF THE MUNICIPALITY BEING SOLICITED:

DATES OF OPERATION OF TEMPORARY BUSINESS: _____
(Maximum 30 days per calendar year) From To

MERCHANDISE BEING SOLD: _____

SIGNATURE OF APPLICANT: _____

DATE: _____ FEE: 5.00 per day to a maximum of 100.00 per calendar year.

APPROVED: _____ NOT APPROVED: _____ CLERK: _____

