

APPLICATION FOR PEDDLER'S LICENSE

PERSON COMPLETING FORM

NAME: _____

ADDRESS: _____

(Number and Street)

(City, Municipality, Town, Village)

Province: _____

Postal Code: _____

PHONE: _____

FAX: _____

PROVINCIAL VENDORS LICENSE NUMBER: _____

Provide copy of picture Identification badge plus 2 additional Identification documents

COMPANY, NAME & ADDRESS (INCLUDE CONTACT PERSON INFORMATION):

NAME: _____

ADDRESS: _____

(Number and Street)

(City, Municipality, Town, Village)

Province _____

Postal Code: _____

PHONE: _____

FAX: _____

BUSINESS NUMBER, Canada Revenue Agency: _____

AREA OF MUNICIPALITY BEING SOLICITED: _____

DATE(S) OF OPERATION OF TEMPORARY BUSINESS: _____

DATE: _____

FEE: \$ 7 5 . 0 0 PER DAY TO A MAXIMUM OF 30 DAYS PER CALENDAR YEAR.

APPROVED: _____

NOT APPROVED: _____

CLERK: _____