



THE CORPORATION OF THE MUNICIPALITY OF LEAMINGTON

Corporate Services Department
38 Erie Street North, Leamington, Ontario N8H 2Z3
Telephone: (519) 326-5761 Fax: (519) 326-2481

APPLICATION FOR PEDDLER OR MOBILE VENDOR LICENCE

By-law 638-05

DATE: _____ LICENCE NUMBER: _____ EXPIRY DATE: _____

Please print

BUSINESS NAME: _____

BUSINESS OPERATOR NAME(s): _____

BUSINESS OWNER NAME(s): _____

Is this for an event? NO YES EVENT NAME: _____

TYPE OF GOODS/SERVICES TO BE SOLD: _____

MAILING ADDRESS: STREET ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

Which licence are you applying for? Check the appropriate boxes:

<input type="checkbox"/> PEDDLER	<input type="checkbox"/> MOBILE VENDOR MOTORIZED	<input type="checkbox"/> MOBILE VENDOR NON-MOTORIZED
Any person who is not a mobile vendor who travels from place to place throughout a business day for the purpose of offering goods for sale.	A person who uses a motorized vehicle, who travels from place to place throughout a business day for the purpose of offering goods for sale from the vehicle	A person who uses a non-motorized vehicle, who travels from place to place throughout a business day for the purpose of offering goods for sale from the vehicle
	Location of set-up (address): _____	Location of set-up (address): _____
<i>Please attach:</i>	<i>Please attach:</i>	<i>Please attach:</i>
<input type="checkbox"/> \$250.00 Annual Licence Fee	<input type="checkbox"/> \$250.00 Annual Licence Fee	<input type="checkbox"/> \$100.00 Annual Licence Fee
<input type="checkbox"/> FIRE DEPARTMENT APPROVAL (IF APPLICABLE) - call Fire Department at 519-326-6291	<input type="checkbox"/> FIRE DEPARTMENT APPROVAL (IF APPLICABLE) - call Fire Department at 519-326-6291	<input type="checkbox"/> FIRE DEPARTMENT APPROVAL (IF APPLICABLE) - call Fire Department at 519-326-6291
<input type="checkbox"/> HEALTH UNIT INSPECTION REPORT (WHEN SELLING FOODSTUFFS) - contact the Windsor-Essex County Health Unit at 326-5716.	<input type="checkbox"/> HEALTH UNIT INSPECTION REPORT (WHEN SELLING FOODSTUFFS) - contact the Windsor-Essex County Health Unit at 326-5716.	<input type="checkbox"/> HEALTH UNIT INSPECTION REPORT (WHEN SELLING FOODSTUFFS) - contact the Windsor-Essex County Health Unit at 326-5716.
	<input type="checkbox"/> Plan illustrating location of where business set up on property	<input type="checkbox"/> Plan illustrating location of where business set up on property
	<input type="checkbox"/> Confirmation owner of property consents to this business activity	<input type="checkbox"/> Confirmation owner of property consents to this business activity
	<input type="checkbox"/> Copy of the vehicle ownership	<input type="checkbox"/> Copy of the vehicle ownership
	<input type="checkbox"/> CONFIRMATION OF MINIMUM OF \$1,000,000.00 LIABILITY INSURANCE FOR MOTOR VEHICLE	

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in Municipality of Leamington Transient Trader, Hawkers and Peddlers By-law Number 638-05, as amended and outlined area where I/we are not permitted to sell product or solicit customers.

The information provided in this application will be available for public inspection

SIGNATURE OF BUSINESS OWNER(s)

OFFICE USE ONLY:

- FEE PAID: Peddler..... \$250.00 Annual Fee
- Mobile Vendor - Motorized . . . \$250.00 Annual Fee
- Mobile Vendor - Non-Motorized \$100.00 Annual Fee

RECEIPT NUMBER: _____

ACCOUNT NUMBER: 1-312-4000-4015

All Necessary Items attached - if not _____

DATE APPLICATION RECEIVED: _____

DATE APPLICATION CIRCULATED: _____

PLANNING SERVICES COMMENTS _____ DATE RETURNED: _____

BUILDING DEPARTMENT COMMENTS _____ DATE RETURNED: _____

FIRE SERVICES COMMENTS _____ DATE RETURNED: _____

HEALTH UNIT COMMENTS _____ DATE RETURNED: _____

INITIALS: _____

COMMENTS: _____

Updated May, 23 2008