



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:

Table with 3 columns: PEDDLER, MOBILE VENDOR MOTORIZED, MOBILE VENDOR NON-MOTORIZED. Each column contains a description, location of set-up, fee, fire department approval, health unit inspection report, and other requirements.

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.

**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, 4, 2011