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 MOBILE VENDOR AND PEDDLER LICENCE IN THE MUNICIPALITY OF LEAMINGTON

By-law 638-05

LICENCE FEES : **PEDDLER -$250.00 PER CALENDAR YEAR**

MOBILE VENDOR – MOTORIZED $250.00 PER CALENDAR YEAR
NON-MOTORIZED $330.00 PER CALENDAR YEAR

☐ PEDDLER

☐ MOBILE VENDOR ☐MOTORIZED ☐ NON-MOTORIZED

Hawker and Peddler – person who goes door to door or business to business selling goods.

Mobile Vendor – person who sells from a motorized or non-motorized vehicle.

DATE: _____ LICENCE NUMBER : _____

EXPIRY DATE : _____

PLEASE ATTACH:

☐ POLICE DEPARTMENT CLEARANCE LETTER

☐ FIRE DEPARTMENT APPROVAL (IF APPLICABLE)

☐ HEALTH UNIT INSPECTION REPORT (WHEN SELLING FOODSTUFFS)

☐ COPY OF OWNERSHIP OF MOTOR VEHICLE, WHEN APPLICABLE

☐ CONFIRMATION OF MINIMUM OF $1,000,000.00 LIABILITY INSURANCE FOR MOTOR VEHICLE, WHEN APPLICABLE

EVENT NAME: _____

ENTIRE BUSINESS NAME : _____

BUSINESS OPERATOR'S NAME: _____

BUSINESS OWNER'S NAME: _____

BUSINESS INFORMATION: (Please Print)

STREET ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

OVER…

TYPE OF GOODS/SERVICES TO BE SOLD : _____

_____

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.

_____

SIGNATURE OF APPLICANT

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

OFFICE USE ONLY

AMOUNT DUE : _____

ACCOUNT NUMBER : 1-312-4000-4015

FEE PAID : _____ **RECIEPT NUMBER :** _____

PLANNING SERVICES DEPARTMENT (FOR NON-MOTORIZED MOBILE VENDOR)

BUSINESS LOCATION : _____

OFFICIAL PLAN DESIGNATION: _____

ZONING DESIGNATION: _____

PERMITTED USE : ☐ NO ☐ YES

PLANNING SERVICES APPROVED BY: _____ DATE: _____

COMMENTS: _____

CORPORATE SERVICES DEPARTMENT

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: _____

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