



APPLICATION FOR TRANSIENT TRADER LICENCE IN THE MUNICIPALITY OF LEAMINGTON

By-law 638-05

LICENCE FEE : \$1,200.00 FOR ONE (1) YEAR FROM DATE OF ISSUE

Transient Trader - "Transient Trader" shall mean any person who carries on business on private property which the person does not own or is not a lessee pursuant to a bona fide lease based upon fair market rent for a term of at least twelve months.

DATE: _____

LICENCE NUMBER : _____

EXPIRY DATE : _____

PLEASE ATTACH:

- LETTER INDICATING PERMISSION FROM PROPERTY OWNER TO ALLOW TRANSIENT TRADER ON PREMISES
- DRAWING OF LOCATION OF VENDING ON PREMISES
- FIRE DEPARTMENT APPROVAL (IF APPLICABLE) - Contact Leamington Fire Department at (519) 326-6291
- HEALTH UNIT INSPECTION REPORT (WHEN SELLING FOODSTUFFS) - contact the Windsor-Essex County Health Unit at (519) 326-5716

EVENT NAME: _____

EVENT LOCATION/MUNICIPAL ADDRESS: _____

EVENT DATE(S): _____

ENTIRE BUSINESS NAME: _____

BUSINESS OPERATOR'S NAME: _____

BUSINESS OWNER'S NAME: _____

BUSINESS INFORMATION: STREET ADDRESS: _____
 (Please Print) CITY/TOWN: _____ PROVINCE: _____
 POSTAL CODE: _____ PHONE NUMBER: _____
 FAX NUMBER: _____ EMAIL ADDRESS: _____

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

ACCOUNT NUMBER : 1-312-4000-4015

FEE PAID : \$1,200.00 RECEIPT NUMBER : _____

PLANNING SERVICES DEPARTMENT

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: _____