



LICENSE APPLICATION

Business Type (check all that apply): <input type="checkbox"/> Food Vehicle <input type="checkbox"/> Chip Wagon <input type="checkbox"/> Mobile Barbeque Facility <input type="checkbox"/> Refreshment Vehicle <input type="checkbox"/> Refrigerated Bicycle Cart <input type="checkbox"/> Other _____ <input type="checkbox"/> Transient Trader (Annual) <input type="checkbox"/> Transient Trader (Monthly)		Event Type (check all that apply): <input type="checkbox"/> Agriculture Farmers Market <input type="checkbox"/> Flea Market <input type="checkbox"/> Retail Exhibition <input type="checkbox"/> Trade Show <input type="checkbox"/> Charitable		
Applicant Name		Applicant is (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Other _____		
Business Name (doing business as)				
Business Address		City	Province	Postal Code
Business Phone	Business Fax	Email Address		
Mailing Address (if different from above)		City	Province	Postal Code
Owners /Officers: If the Applicant is a corporation, partnership, limited liability company, association, or other type of entity, list all officers, directors, partners, or members. If more than two, list others on separate sheet.				
Name		Address:		

Proposed period of operation:	
Location(s) of Operation	Days and Hours of Operation

Type of operation to be conducted (type of services, goods, wares or merchandise to be offered.)	
Description of the design of any vehicle, pushcart, kiosk, table, chair, stand, box, container or other structure or display device to be used in the operation by the applicant including the size and colour, together with any logo, printing or sign which will be utilized by the applicant.	
License plate number and registration information of any vehicle to be used.	
<p>I certify that:</p> <ul style="list-style-type: none"> The information, statements, and documents contained in the said application are true and accurate. I agree to observe and comply with all requirements of By-law 95-2015 which pertain to the License for which I have made an application and to operate business in compliance with all respective statutes. I am 18 years of age or older. I have been authorized by the business owner listed in this application, to apply for a Business License on their behalf. 	
Signature	Date
<p>Application Attachments:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Site Plan <input type="checkbox"/> Authorization to Utilize Property <input type="checkbox"/> Approvals from Medical Officer of Health (if applicable) <input type="checkbox"/> Approvals from The Fire Chief (if applicable) <input type="checkbox"/> Approvals from qualified propane fitter (if applicable) 	
<p>Submit Applications to: Municipality of North Perth Attention: Clerk 330 Wallace Ave North, Listowel N4W 1L3 clerks@northperth.ca</p>	
<p><i>To the extent that the foregoing information constitutes personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, chapter M.56 as amended, the information is subject to provisions of that Act and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to the Clerk, Municipality of North Perth 330 Wallace Ave North, Listowel, ON N4W 1L3, telephone (519) 292-2062</i></p>	