

Development Services Department 60 Snyder's Road West Baden, ON N3A 1A1 519-634-8444 planning@wilmot.ca www.wilmot.ca/planning

Application Number:	HAWKERS AND PEDLARS OR SPECIFIC
Pate Received:	LOCATION DAILY SALES LICENSE
SUBMISSION REQUIREMENTS	

Date	- Received.			L	OCATION DAILY SALES LICENSE		
SUB	MISSION REQUIREMENTS						
	1 copy of the completed a	application form.					
	Police Records Report						
	License fee (https://www	e (https://www.wilmot.ca/en/doing-business/Planning-Fees.aspx)					
1.	LICENSE REQUEST						
	☐ Hawkers and Pedlars Lie	cense		Spe	cific Location Daily Sales License		
	☐ Wilmot resident		1		5 day		
	☐ Non-resident		I		Annual maximum		
2.	APPLICANT INFORMATION	N					
	Name:						
	Mailing Address:						
	City:	Province:	<u> </u>		Postal Code:		
	Telephone number:						
	Email Address:						
3.	PROPERTY OWNER (Speci	fic Location Daily Sales only)					
	Name:						
	Mailing Address:						
					Postal Code:		
	Telephone number:						
	Email Address:						
4.	PROPERTY DESCRIPTION (Specific Location Daily Sales only)						
	Lot:	Concession:			Block:		
	Registered Plan:	Lot(s):			Block(s):		
	Reference Plan:	Part(s):					
	Street Address:						

Please provide a brief but complete de	scription of proposed activity:	
AUTHORIZATION OF OWNER (Specific	Location Daily Sales)	
I/We,		
	of this application for a specific location daily sales li	icense,
to make this application on my/our be		
Signature of Owner	Date	
	Date	
CERTIFICATION OF APPLICANT		
I,	, hereby ce	ertify tha
	on as well as any accompanying documents is true.	cremy ena
ппотпаноп сопташей птина аррисац	on as well as any accompanying documents is true.	
	 Date	

**PROPOSAL** 

6.