

**PEDDLER
 LICENSE APPLICATION FORM**

Completion Instructions

1. If the application is for a fixed location, prior to filing your license application, please complete the attached application to request a zoning certificate and submit to the Paris office. There is a separate charge for the zoning certificate. Attach a copy along with letter of consent from property owner.
- 2.. Council approval and proof of liability insurance is required to sell from municipal property.
3. Business applicants, attach a copy of business name registration, partnership or incorporation documents.
4. Complete all sections and enclose a cheque, payable to the County of Brant.
5. Return your completed application to the Burford Office, by attending in person with photo identification.

A separate license is required for each business offering goods or services by peddling and for each sales person employed by the business.

If you fill out this document electronically, please print out the form, sign it, and deliver a hard copy of the signed form to the Burford office. If you require any further information please contact the licencing officer at:

449-2451 ext 2219 or 1-888-250-2295.

Fees: Door to Door Sales (\$300.00 annually) Specific Location Sale (\$55.00 per wk/ \$155.00 per month)

Type of Business: Sole Proprietorship Partnership Corporation

Name of Applicant:		Name of Business (Employer):	
Property Address:		Property Address:	
Municipality:	Postal Code:	Municipality:	Postal Code:
Mailing Address (if different):		Mailing Address (if different):	
Phone:	Fax:	Phone:	Fax:

Detailed Description of All Goods to be Peddled (Attach Product Brochures/Warranties):

Applicant's Certification

I hereby verify that the above information is complete and accurate and that I have the power to bind the license applicant.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Personal information collected herein will be used for the purpose of licensing and by-law enforcement and will be provided to Law Enforcement personnel.

Managed in accordance with the Municipal Information and Protection of Privacy Act.



Office Use Only

Date Rec'd _____ Amt _____ Rec'd By _____

Business Registration Documents Attached Yes No

Zoning Certificate Attached: Yes No N/A

Zoning Status: _____

Property Owner's Consent attached Yes No N/A

Municipal Property Yes No

If Yes, Liability Insurance Attached Yes No

If Yes, Council Approval Yes No Date Approved: _____

Police Clearance Attached Yes No

Photos Attached Yes No

Product Description Complete Yes No

License: Approved Denied

Council Date: _____

License # _____

Issued By: _____

