

County of Brant
519-449-2451
Fax: 519-449-2454
1-888-250-2297
www.brant.ca



County Administrative Building
26 Park Ave
P.O. Box 160
Burford ON, N0E 1A0

PEDDLER LICENSE APPLICATION FORM

Completion Instructions

1. A license for a "Specific Location Sale" cannot be issued without verification that the proposed location does not contravene the Zoning By-law. Please contact the Zoning Administrator at 519-442-6324 or 1-888-250-2296 for assistance.
2. Attach a copy of the zoning compliance to the completed application form, along with a letter of consent from the property owner.
3. 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 make your cheque payable to the County of Brant.
5. Apply at the above address 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 require additional information please contact the License Administrator at:

519-449-2451 or 1-888-250-2295 ext 2295

Fees: Door to Door Sales (\$315.21 annually) Specific Location Sale (\$57.78 per wk/ \$162.82 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: _____