

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 CRAFT/TRADE SHOW

### Completion Instructions

1. Complete all sections of the application.

Attach to completed application form:

- zoning certificate verifying that the proposed location does not contravene the County Zoning By-law
- letter of consent from property owner.
- if selling from municipal property copy of Council's approval and liability insurance.
- list of vendors participating in this craft/trade show and details of goods being peddled.

2. Apply in person at the address shown above, with photo identification and a cheque payable to the County of Brant.

If you require additional information please contact the License Administrator at 519-449-2451  
or 1-888-250-2295 ext 2219.

**Fees:**  Specific Location Sale (\$56.65 per wk/ \$159.65.00 per month)

**Type of Business:**  Sole Proprietorship  Partnership  Corporation  N/A

<b>Event Organizer (name of group):</b>		<b>Name of Event:</b>	
<b>Contact Person:</b>		<b>Event Location:</b>	
<b>Phone Number:</b>	<b>Email Address:</b>	<b>Municipality:</b>	<b>Postal Code:</b>
<b>Mailing Address:</b>		<b>Date of Event:</b>	
<b>Municipality:</b>	<b>Postal Code:</b>	<b>Duration of Event:</b>	

### 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**

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**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:** \_\_\_\_\_

