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 **COUNCIL-APPROVED EVENT**

1 Complete all exetions			
1. Complete all sections of application and enclose a cheque, payable to the County of Brant.			
Attach to completed application form: - copy of Council's approval proof of liability insurance (if selling from municipal property) zoning certificate verifying that the proposed location does not contravene the County Zoning By-law list of vendors participating in this event and details of goods being peddled. 2. Return your completed application to the Burford Office, by attending in person.			
If you require any further information please contact the licencing officer at 519-449-2451 or 1-888-250-2295, ext 2219			
Fees: ☐ Specific Location Sale (\$55.00 per wk/ \$155.00 per month)			
Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ N/A			
Event Organizer (name of group):		Name of Event:	
Contact Person:		Event Location:	
Phone Number:	Email Address:	Municipality:	Postal Code:
	Linui Addiess.	mamorpanty.	Postal Code:
Mailing Address:	Email Addiess.	Date of Event:	Postal Code:
Mailing Address: Municipality:	Postal Code:		Postal Code:
Municipality:	Postal Code:	Date of Event:	Postal Code:
	Postal Code:	Date of Event:	Postal Code:
Municipality: Applicant's Certificati	Postal Code:	Date of Event: Duration of Event:	re the power to bind the license
Municipality: Applicant's Certificati I hereby verify that the a	Postal Code:	Date of Event: Duration of Event:	

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.



Date Rec'd: _____ Amt: ____ Rec'd By: _____ **Business Registration Documents Attached** ☐ Yes ☐ No **Zoning Certificate Attached:** Yes No N/A Zoning Status: ☐ Yes ☐ No ☐ N/A Property Owner's Consent attached ☐ Yes ☐ No **Municipal Property** Yes No If Yes, Liability Insurance Attached If Yes, Council Approval Yes No Date Approved: **Police Clearance Attached** ☐ Yes ☐ No ☐ Yes ☐ No **Photos Attached** ☐ Yes ☐ No **Product Description Complete** Council Date: _____ License: Approved Denied Issued By: _____ License

Office Use Only

