

Town of Stewiacke



APPLICATION FOR VENDING LICENSE

Owner's Name:		Phone No: (h)	
Mailing Address:		Phone No:(w)	
		Cell No:	

Description of merchandise / goods to be sold. Also include a photo of the stand or vehicle from which sales will occur.

Operational Period: _____
Daily hours of operations: _____

Site Location / Civic Address:

Property owners permission if different that applicant: Letter attached

Sketch outlining the location on the site where the vending will occur: Sketch attached

Provincial approvals if required / food handlers certificate etc: Documents attached

Application Fee \$25.00 Fee enclosed

Signature of applicant

Date

This Application Form should be taken to the Town Office, or mailed to P.O. Box 8, Stewiacke, Nova Scotia, B0N 2J0, with the appropriate fee.