

Town of Stewiacke



APPLICATION FOR VENDING LICENSE

Owner's Name: _____

Company Name: _____

Mailing Address: _____

Contact Number: _____

**Description of Merchandise/Goods to be Sold
(Include a photo of the stand or vehicle where sales will occur)**

Location/Address: _____

Operational Period: _____ Daily Hours of Operation: _____

Property Owners Permission (if different than applicant): Yes - Letter Attached

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

Provincial Approvals/Food Handlers Certificate (if applicable): Documents Attached

Application Fee \$25.00

Paid by: Cash Debit

Signature of Applicant

Date

This Application Form should be taken to the Town Office on 295 George Street, or mailed to:
PO Box 8, Stewiacke, NS, B0N 2J0, with the appropriate fee