



APPLICATION FOR LICENCE

Specific Location Daily Sales / Pedlar

NEW LICENCE OR RENEWAL

Type of Licence:	Fee:
Applicants Name:	Phone #:
Applicants Address: No. _____ Street _____ City _____ Prov. _____ Postal Code _____	
Length of Residency in Niagara Falls:	
Legal Name of Business:	
Location of Sale:	
Duration of Sale:	
Goods Being Sold:	
Name of Owner of Property:	
I hereby agree to observe and comply with all requirements of By-law 2001-31 and any amendments made thereto, which pertain to the Licence for which I have made an application and to operate and conduct business in accordance with all respective statutes.	
NOTE: Additional Development/Permit Fees may be applicable. (ie. Sign, Plumbing, Building).	
Applicant's signature: _____	Date: _____

FOR OFFICE USE ONLY	
Application No.:	Licence No.:
Fire Department Approval:	Date: _____
Health Department Approval:	Date: _____
Zoning Approved by: (See Reverse)	Date: _____
Application Approved By:	Date Issued: