



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:	
<p>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.</p> <p>NOTE: Additional Development/Permit Fees may be applicable. (ie. Sign, Plumbing, Building).</p> <p>Applicant's signature: _____ Date: _____</p>	

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: