



### The Municipality of Mattice - Val Côté

## APPLICATION FOR A TRANSIENT TRADER LICENCE

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of business, association, etc. \_\_\_\_\_  
 Postal address (if different from above) \_\_\_\_\_  
 Web address \_\_\_\_\_

Local transient trader \_\_\_\_\_ Out-of-town transient trader  Request for: 1 month  6 months  1 year   
 \$100 \$500 \$900

TYPE OF TRADE

Door to door soliciting   
 Sale by demonstration of samples   
 Sale at a specific location  Local address: \_\_\_\_\_  
 Other  Specify: \_\_\_\_\_

Goods sold: \_\_\_\_\_  
 (attach descriptive list with application)

### Supplementary information for Out-of-town transient traders

Ontario Sales Tax Number \_\_\_\_\_ Incorporation Number \_\_\_\_\_  
 References (i.e. other municipality) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I \_\_\_\_\_ declare having read By-law no. 764 pertaining to the issuance of a Transient Trader licence. I also certify that all the information herein contained is, to my knowledge, true and exact.

\_\_\_\_\_  
 Signature of applicant Date

**For municipal purposes only**

*All conditions having been met, this application is hereby approved.*

\_\_\_\_\_  
 Community Health Inspector (if required) Licence prepared by \_\_\_\_\_

\_\_\_\_\_  
 CAO/Clerk Date