



TOWNSHIP OF WOOLWICH
 24 Church Street West, P.O. Box 158, Elmira, Ontario N3B 2Z6
 Tel: 519-669-1647 or 519-664-2613
 Fax: 519-669-1820

SALESPERSONS LICENCE APPLICATION
SEC.230(1) MUNICIPAL ACT

NAME OF APPLICANT: _____

ADDRESS: _____ TEL: _____
 _____ POSTAL CODE: _____

BUSINESS NAME: _____

ADDRESS: _____ TEL: _____
 _____ POSTAL CODE: _____

TYPE OF GOODS FOR SALE: _____

TYPE OF SALES: _____

IF OTHER, NAME LOCATION: _____

DATE OF OPERATION: _____

LICENCE: For licencing, regulating and governing persons who go from place to place or to a particular place with goods, wares or merchandise for sale, or who carry and expose samples, patterns or specimens of any goods, wares or merchandise that are to be delivered in the municipality afterwards.

CERTIFICATE OF APPLICANT

PROVINCE OF ONTARIO) IN THE MATTER OF an application for the
 JUDICIAL DISTRICT OF WATERLOO) grant of a Salespersons Licence
 TO WIT:)

I _____ of the _____ of _____

in the judicial district of _____ hereby certify:

THAT I am the applicant (or the _____ of the applicant corporation) for the grant of a licence authorizing me for the applicant corporation to carry on within the Township of Woolwich the particular trade or business described in the above application.

THAT I understand that any Licence issued pursuant to the said application is subject to revocation by the Council of the Corporation of the Township of Woolwich but if revoked a proportionate part of the Licence Fee will be returned to me.

THAT I undertake to conform to and abide by all relevant By-laws of the Township of Woolwich now or hereafter in force.
 THAT the statements contained in the said application are to the best of my knowledge and belief true in substance and in fact.

DATE OF APPLICATION: _____

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE: _____ RECEIPT # _____ LICENCE #.: _____ DATE ISSUED: _____