

SCHEDULE "A"

APPLICATION FOR VENDOR PERMIT

NAME: _____
(Individual, Corporation or Partnership)

ADDRESS: _____

NAME: _____
(Holder of Vendor Permit)

ADDRESS: _____

AUTHORIZED SALESPERSONS: _____

Description of goods or food to be sold: _____

Proposed location of business: _____

Description of vending vehicle(s) and/or stand(s) (include number): _____

Vending vehicle licence if registered under the Highway Traffic Act: _____

Permit issued by the Department of Health: _____
(Attach Copy)

Term of vendor Permit: Daily _____
 Seasonal _____ (Check One)
 Annual _____

SIGNATURE