



Application for a Transient Traders License

150 Mary Street, Milton, ON L9T 6Z5

Tel: 905-878-7252 ext. 2137

EVENT NAME _____

EVENT LOCATION _____

EVENT DATE _____ FOOD SALES? Y / N LIQUOR SALES? Y / N

(CIRCLE Y or N)

TYPE OF GOODS/SERVICES TO BE SOLD _____

METHOD OF SALES (ie. Booth or door to door) _____

BUSINESS NAME _____

OWNER OF BUSINESS/EVENT COORDINATOR _____

ADDRESS _____

(Street)

(City and Postal Code)

PHONE NUMBER-BUSINESS: _____ CELL: _____

BUSINESS OPERATORS NAME _____

OPERATOR PHONE: _____

EMAIL _____

NAME OF PROPERTY OWNER (at event location): _____

ATTACH THE FOLLOWING ADDITIONAL DOCUMENTS:		Date recv'd
Permission Letter from Property Owner		
Site Map of Vending Area		
Selling Door – to – Door: Police Clearance Checks for EACH Individual Number of individuals: _____	Attach separate sheet with names of all individuals selling door-to-door	
Health Department Inspection (current within last 60 days)		
Fire Department Approval	(if applicable)	
Zoning approval	(if applicable)	
Niagara Escarpment Approval	(If applicable)	
Complete list of vendors	(if applicable)	

Class of Transient Trader

Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8
Day Sale	Seasonal Sale	Door to Door Sale	Antique Sale	Craft show	Manufacturing	Flea Market	General

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in Town of Milton, Transient Trader's License By-law #111-2004, as amended and the D.B.I.A. map outlining the area where we/I are not permitted to sell product or solicit customers. I/We also acknowledge that personal information collected as part of the application process for licenses is subject to release to the Chief Constable as and when requested by him or her.

Signature of Applicant

Date

All personal information on this application is collected pursuant to Section 150 of the Municipal Act, 2001, S.O. 2001, c. 25 as amended, and will be used to assess eligibility for a business license and the information may be provided to the Chief Constable when requested. If you have any questions regarding the collection and use of this information please contact the Licensing Administrator, Town of Milton 150 Mary Street, Milton ON L9T 5H2 (905) 878-7252 ext. 2137



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List of Vendors

Business/Operator Name: _____

Business/Operator Street Address: _____

Postal Code: _____ Phone # _____ Cell # _____

Type of merchandise: _____

Business/Operator Name: _____

Business/Operator Street Address: _____

Postal Code: _____ Phone # _____ Cell # _____

Type of merchandise: _____

Business/Operator Name: _____

Business/Operator Street Address: _____

Postal Code: _____ Phone # _____ Cell # _____

Type of merchandise: _____

Business/Operator Name: _____

Business/Operator Street Address: _____

Postal Code: _____ Phone # _____ Cell # _____

Type of merchandise: _____

Business/Operator Name: _____

Business/Operator Street Address: _____

Postal Code: _____ Phone # _____ Cell # _____

Type of merchandise: _____