



# Transient Trader/Peddlers License APPLICATION FORM

Date of Application: \_\_\_\_\_  
Date Reviewed by P.A.C: \_\_\_\_\_

Date Received by Town Office: \_\_\_\_\_  
Date Reviewed by Council: \_\_\_\_\_

Dates applying for the License: \_\_\_\_\_

License Fee Paid: Yes No (One hundred dollars (\$100.00) per day to a maximum of five hundred dollars (\$500.00) per month)

**Applicant:** *Please Type or Print in Block Letters*

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*If Applicant is not an individual:**

Name of Applicant's Principal Officers and managers \_\_\_\_\_  
Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Person who will be directly in charge of conducting the temporary business, peddling or hawking:**

Name of individual who will directly in charge: \_\_\_\_\_  
Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Location**

I would like to apply to sell goods or merchandise from a parked motorized vehicle Yes No  
Vehicle particulars of any vehicle to be operated or used by Applicant for the purpose of operating temporary business or peddling  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Colour: \_\_\_\_\_ License Plate: \_\_\_\_\_ Name of Registered Owner: \_\_\_\_\_  
Location preferred to operate temporary business \_\_\_\_\_  
Name of Property Owner (if not requesting location on public property): \_\_\_\_\_  
Signature of Property Owner on whose property the temporary business shall be located: \_\_\_\_\_

**Business Particulars**

Description of all goods to be sold \_\_\_\_\_  
\_\_\_\_\_

Intended Hours of Operation: \_\_\_\_\_

**Please read and initial the following statements if you verily believe to be true. Attach necessary documentation to the application.**

- \_\_\_\_\_ I agree to operate within the Town of Hampton only on Saturdays between the hours of 7 a.m. and 6 p.m.
- \_\_\_\_\_ Declaration attached that the applicant has not been convicted of a criminal or quasi-criminal offence in the last two (2) years
- \_\_\_\_\_ Declaration attached that there are no unsettled complaints filed against the applicant with the Department of Consumer and Corporate Affairs through Service New Brunswick
- \_\_\_\_\_ Proof of General Liability Insurance coverage in the principal sum of two million dollars (\$2,000,000.00) designating the Town of Hampton as a Co-Insured Party is attached.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_