

Hawkers & Peddlers Bylaw#484

Schedule 'A'

TO: Office of the Chief Administrative Officer
Town of Sedgewick
Box 129
4818 – 47 Street
Sedgewick, AB T0B 4C0

DATE: _____

RE: **APPLICATION FOR HAWKERS' AND PEDDLERS' LICENSE**

Name and Address of Applicant:

Phone Number: _____ Cell Phone Number: _____

Email: _____ Website Address: _____

Other Government License Information: _____

Goods or Services being offered for sale: _____

License Duration: From: _____ To: _____

Print Name of Applicant

Signature of Applicant

FOR MUNICIPAL OFFICE USE ONLY

APPLICATION NO. _____

COMMENTS: _____

FEE: _____

RECEIPT NO.: _____

LICENSE NO.: _____

Municipal Staff