



TOWN OF WOODSTOCK

824 MAIN STREET WOODSTOCK NB E7M 2E8

APPLICATION FOR TRANSIENT TRADER'S LICENSE

NAME: _____

ADDRESS: _____
(Number and Street) (City, municipality, town, village) Province Postal
Code

PHONE: _____ FAX: _____

DATE OF BIRTH: _____

IF COMPANY, NAME & ADDRESS OF PERSON CONDUCTING BUSINESS:

NAME: _____

ADDRESS: _____
(Number and Street) (City, municipality, town, village) Province Postal
Code

PHONE: _____ FAX: _____

LOCATION OF TEMPORARY BUSINESS: _____
(Refer to Planning Advisory Committee)

DATES OF OPERATION OF TEMPORARY BUSINESS: _____
From To

MERCHANDISE BEING SOLD: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PROPERTY OWNER OF TEMPORARY LOCATION:

Print

Write

DATE: _____ FEE: 100.00 per day to a maximum of 30 days in a calendar
year.

APPROVED: _____ NOT APPROVED: _____ CLERK: _____