



Application for Transient Motor Vehicle Vending License

Business Name: _____

Type of Goods or Services Sold: _____

Direct sellers License # _____ **Expiry Date:** _____

Number of Employees: _____

Names of all salespersons who will operate under license:

Name

Name

_____ **License Expiry Date:**

All applicable from the following agencies must be included with the application:

Relevant Provincial Departments

NS Dept. Of Tourism & Culture []
NS Dept. Of Motor Vehicles [Dealer Permit] []
NS Dept. Of Agriculture & Fisheries []
Alcohol & Gaming Authority []
Fire Marshal []

Municipal Approvals

Zoning []
Building Inspector []
Town Fire Inspector []

Have you ever been had a previous business license canceled or refused ?

_____ (Yes) _____ (No)

If "Yes" state date & reason: _____

I / We _____
(Print Clearly - Full Name and Initials)

Hereby make application for a License in accordance with the particulars stated above, and declare that the above statement is true and correct, and

I / We will comply with each and every obligation contained in all laws and by-laws now in force and amendments thereto in the Town of Digby, Nova Scotia.

It is an offence to make a false statement.

Date of Application

Signature of Applicant

Date of Approval

Town Clerk

License Number : _____