



ITINERANT SALESPERSONS LICENSE APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_
(First) (Last)

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you over the age of 18? : \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Explain in detail what your business activities will be and/or what services your business offers to the community as well as the address of the location the activities will be taking place if applicable. (Please specify on separate page if more space is required)

Name & Addresses of Principles (President, Managers, etc.)

Number of persons to be employed: \_\_\_\_\_

Name & Phone Numbers of two references (Itinerant only):

All references must be of a professional nature.

I, the applicant certify that all information provided above is correct and understand that any false or misleading statements may cause my licence to be suspended or revoked.

Signature of Applicant: \_\_\_\_\_

\*\*\*NOTE: Please allow a minimum of 48 hours from receipt of completed application for processing\*\*\*

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MUNICIPAL USE ONLY

Type of Inspections completed: \_\_\_\_\_

Expiration of the License
Valid From: \_\_\_\_\_ Expires On: \_\_\_\_\_
This License is valid for \_\_\_\_\_ only.
(Location)

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Fee Received: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_

License No: \_\_\_\_\_ Municipal Cashier: \_\_\_\_\_

Applications are approved in accordance with The Licensing By-Law as amended and in accordance with the Municipal Act, 2001, S.O. 2001, Chapter 25.

Personal information on the form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990 Chapter M.56, and will be used in the administration of the Municipality of Red Lake By-Laws. Where applicable, personal information on this form may be disclosed to: the Red Lake Fire and Rescue Service, Building and Planning departments as well as the Northwestern Health Unit.