

TOWN OF LUSELAND

BYLAW NO. 2013-01

SCHEDULE C

FORM B

TOWN OF LUSELAND

Application for Direct Sellers Licence

APPLICANT MUST PRODUCE IDENTIFICATION

"A" _____ (\$30.00)

"B" _____ (\$20.00)

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

PROVINCIAL LICENCE #: _____

DRIVERS LICENCE #: _____

DATE OF BIRTH: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PRODUCT BEING SOLD: _____

WHERE CAN YOU BE REACHED IN LUSELAND? _____

HAVE YOU BEEN REFUSED A MUNICIPAL BUSINESS LICENCE OR HAD A

MUNICIPAL LICENCE REVOKED? YES NO

Signature

TOWN OF LUSELAND

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SCHEDULE B

FORM A

TOWN OF LUSELAND

LICENCE APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

BUSINESS NAME: _____
(if different from above)

ADDRESS: _____

TELEPHONE: _____

Specify services, codes or merchandise offered for sale:

IF SINGLE JOB LICENCE:

MUNICIPAL ADDRESS OF JOB: _____

LOT: _____, BLOCK: _____, PLAN _____

PERSON FOR WHOM WORK IS BEING DONE: _____

LOCATION OF TRANSIENT TRADER: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Date

Signature of Applicant