

File Number:

TOWN OF KENTVILLE APPLICATION FOR VENDING LICENSE



\$ _____ License Fee Received

Date: _____

Name of Applicant: _____

Name of Vending Business: _____

Home Address: _____

Business Address: _____

Phone: _____

Phone: _____

Name of Business Owner (if different): _____

Please describe the product(s) to be sold:

Owners's Address: _____

Phone: _____

If the applicant is not the owner of the vending business, please describe the relationship you have (e.g. acting as an agent for the owner, owner's employee, officer of the corporation, etc.):

Describe the location or route you wish for your vending business in Kentville (Please attach a location map and identify streets and buildings/landmarks):

I hereby certify that I have read this application and that all statements set forth herein are true and correct.

Applicant's Signature: _____

Date: _____

I have reviewed this application and find that it meets the requirements of Section _____ of the Town of Kentville Municipal Code.

Town Official:

Date: