



Application for Transient Motor Vehicle Vendors License

Applicant _____

Company Name _____
(If Applicable)

Mailing Address _____

Business Civic Address _____ *Postal Code* _____

Telephone _____ (*Home*) _____ (*Work*)

(*Fax/E-mail*) _____

License Fee [as fixed by policy in Schedule B] *Receipt #* _____

Type of Goods or Services Sold _____

Direct sellers License # _____ *Expiry Date* _____ (*If Applicable*)

Number of Employees _____ *Number of days of Sale* _____

Permission of Owner of Private Property

Name: _____

Address: _____

City /Town: _____ *Province* _____

Postal Code: _____

(Signature of Property Owner)

Note: ***License Fees to accompany application.***

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 License] []
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 : _____