

File Number

# Vending License

## APPLICATION FORM



License Fee Received: \_\_\_\_\_

Date: \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Business Information

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Please describe the product(s) to be sold: \_\_\_\_\_

\_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

### Additional Comments

\_\_\_\_\_

**I hereby certify that I have read this application and that all statements set forth herein are true and correct. By signing this application, I acknowledge that I shall obtain any and all health certifications deemed necessary by Nova Scotia Department of Agriculture.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**I have reviewed this application and find that it meets the requirements of the Vending By-law Ch. 94 of the Town of Kentville.**

\_\_\_\_\_  
**Development Officer**

\_\_\_\_\_  
**Date**