

THE CORPORATION OF THE TOWN OF HEARST

Request for licence - Salesperson

Revision: November 2011

Name: _____ Telephone: _____

Address: _____ Cell: _____
_____ E-mail: _____

Name of business, association, etc. _____
Postal address (if different) _____

Local salesperson Out-of-town salesperson Request for: 6 months 1 year
\$750 \$1,200

Door to door soliciting

Sale by demonstration of samples

Sale at a specific location Local address: _____

Other Specify: _____

Goods sold: _____

ATTACH LIST WITH APPLICATION

Supplementary information for Out-of-town salesperson

Address and telephone number in Hearst

Ontario Sales Tax Number: _____ Incorporation Number: _____

References (i.e. other municipality) _____

I _____ declare having read the attached administrative policies on the issuance of a Salesperson licence. I also certify that all the information herein contained is, to my knowledge, true and exact.

Signature of requester

Date

For municipal purposes only

All conditions having been met, this application is hereby approved.

Community Health Inspector (if need be)

Senior By-law Officer

CAO/Clerk

Planning Director

Licence Issuer

Licence prepared by: _____ Date _____