



TOWN OF BORDEN-CARLETON
MOBILE VENDORS LICENSE APPLICATION

Business Name of Applicant _____ BN: _____

Contact Person: _____ Telephone: _____

Mailing Address: _____

Email Address: _____

Proposed Selling Location: _____ (Enclose sketch showing location on property) PID # _____

Owner of Property: _____ Owner's Permission: Yes ___ No ___

Goods to be Sold: _____

Describe how garbage/wastewater will be handled:

I certify that all information above is true to the best of my knowledge:

Applicant

Date:

Return Form with License Application fee to:

Town of Borden-Carleton, P O Box 89, 20 Dickie Road, Borden-Carleton C0B 1X0

Email: bcadmin@borden-carleton.ca

Phone 902 437 2225

(For Office Use Only)

License fee Paid: \$ _____ Date: _____ Expiry Date: _____ Receipt # _____

Classification: _____ License # _____ CAO Approval _____