



**MUNICIPAL SALESPERSON
LICENCE APPLICATION**
MUNICIPALITY OF CHATHAM-KENT
315 King Street West, P.O. Box 640
Chatham ON N7M 5K8

The Municipal Salesperson Application must be completed in full and submitted 2 weeks prior to commencing business. For information or assistance completing this application, please contact the Licensing Department at 519.360.1998 or by email at CKlicensing@chatham-kent.ca. You can mail your completed application to the above address or fax it to 519.436.3215. Applications may also be submitted at any Municipal Centre.

IMPORTANT: The information required by this application is necessary to fully evaluate your request for a Municipal Salesperson Licence. Completion of this application does not guarantee approval of application.

Section One: Business Ownership

Sole Proprietorship General Partnership Corporation or Charitable Organization

Section Two: Applicant Information (Please Print)

Note: If more than one applicant, please include a list of owners and their full contact information.

Name: _____ Phone Number: _____

Home Address: _____

PO Box #: _____ City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Section Three: Business Information (Please Print)

Business Name: _____

Business Operating Address: _____

PO Box #: _____ City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate Phone Number: _____ Fax Number: _____

Nature of Goods Sold: _____

Corporation Name (if applicable): _____ Corporation Number (if applicable): _____

Section Four: Business Mailing Address (Please Print)

Note: All correspondence regarding this business will be sent to the address provided in section three; if you would like to have your mail sent to an alternate address, please provide the information below.

Address: _____

PO Box #: _____ City/Town: _____ Province: _____ Postal Code: _____

Section Five: Licence Category

Please select the Municipal Salesperson Licence being applied for:

Type of Business	Licence Term	Please Check	Fee	Late Fee
Day Sales	Maximum of 3 days		\$252	\$75.60
Door-to-Door Sales	Maximum of 3 days		\$521	\$156.30
Trade Show	Maximum of 3 days		\$252	\$75.60

**** Note: 30% late fee added to applications not received two weeks in advance.**

Section Six: Sales Location Information (Please Print)

Name of Sales Location (if applicable): _____

Address: _____

City/Town: _____ Postal Code: _____

Proposed Start Date: _____ through to: _____

Section Seven: Site Approval (For Outdoor Sales Only)

Please attach an illustrated copy of the exact location of where sales will be set up - include setbacks from property lines, as well as, parking and vehicle access. Aerial photos of municipal properties can be found on the Chatham-Kent website using the Mapping Tool (www.chatham-kent.ca).

Please ensure to attach written confirmation from the property owner indicating that consent has been granted to operate on their premise (Permission to Setup Day Sales Form). If operating on Municipal property (other than a hall or auditorium) a Vending Zone Permit may be required.

Section Eight: Zoning Approval

Upon submission of this application, the proposed location of your business will be subject to compliance with the Chatham-Kent Zoning By-law.

Section Nine: Payment

Please see the chart in Section Five for applicable fee. Payment must be received at time of application.

Amount Received: _____

Receipt Number: _____

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

Personal information on this form is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and Protection of Privacy Act.

I acknowledge that the information requested on this form and any attachments are collected under the authority of the Municipal Act. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by Licensing Services of the Municipality of Chatham-Kent. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collecting can be made to the Manager of Licensing Services, 315 King Street West, Chatham, ON N7M 5K8, (519) 360-1998.

I declare the information given in this application and any supporting documents is true, correct and complete in every respect and understand that false statements could result in the revocation of the license, if granted.

Signature of Applicant

Date

Licensing Approval (Office Use Only)

- Application Submitted Licensing Assistant: _____ Date: _____
- Permission Letter Submitted (if required) Licensing Assistant: _____ Date: _____
- Site/Zoning Approvals Completed Licensing Assistant: _____ Date: _____
- Police Clearance(s) submitted (if required) Licensing Assistant: _____ Date: _____
- Licence Issued Licensing Assistant: _____ Date: _____