

Municipal Salesperson Business Licence Application

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 email your completed application, mail it to the above address, or it can be submitted at any Municipal Centre.

IMPORTANT: The information required by this application is necessary to fully evaluate your request for a Business Licence. Completion of this application does not guarantee approval of application. The issuance of a licence will be subject to approvals from the required departments.

Office Use Only		CV# LC _____	
Payment Received <input type="checkbox"/> Receipt Number _____			
Zoning/Building <input type="checkbox"/> Email Sent: _____		Police: <input type="checkbox"/> Email Sent: _____	
<input type="checkbox"/> Site Plan (If Outdoor Sales)		<input type="checkbox"/> Permission from Property Owner	
<input type="checkbox"/> Photo Identification (If applicable)		<input type="checkbox"/> Criminal Record Checks (If applicable)	
Business Ownership:			
<i>Note: If Sole Proprietorship or General partnership please include Business Name Registration. If a Corporation please provide Corporation documents and list of directors with application.</i>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or Charitable Organization			
Business Information (Please Print)			
Business Name:			
Business Operating Address:			
City/ Town:	Province:	Postal Code:	
Phone Number:		Alternate Phone Number:	
Email Address:			
Application Information (Please Print)			
<i>Note: If more than one applicant, please include a list of owners and their full contact information on another sheet and attach to application</i>			
Name:		Phone Number:	
Address:			
City/Town:	Province:	Postal Code:	
Email Address:			
Business Mailing Address			
<i>Note: All correspondence regarding this business will be sent to the address provided above. If you like to have your mail sent to an alternate address, please provide the information below.</i>			
Address:			
City/ Town:	Province:	Postal Code:	

Location of Sales				
Note: Please provide location of Sales if different from Business Operating Address				
Address:				
City/ Town:		Province:	Postal Code:	
Nature of Goods Being Sold:				
Proposed Start Date:		Proposed End Date:		
Licence Category				
Type of Business	Licence term	Please Check	Fee	Late Fee
Day Sales	Maximum of 3 Days	<input type="checkbox"/>	\$273	\$81.90
Door-to-Door Sales	Maximum of 3 Days	<input type="checkbox"/>	\$562	\$168.60
Door-to Door Fiber Sales	Maximum of 3 Days	<input type="checkbox"/>	\$27	\$8.10
Fruit & Vegetable Stands (Grown outside of Chatham-Kent)	Monthly	<input type="checkbox"/>	\$273	\$81.90
Trade Show	Maximum of 3 Days	<input type="checkbox"/>	\$273	\$81.90
Old Gold & Other Precious Metals Class A-1	Maximum of 3 Days	<input type="checkbox"/>	\$247	\$74.10
Old Gold & Other Precious Metals Class A-2	Maximum of 3 Days	<input type="checkbox"/>	\$457	\$137.10
Old Gold & Other Precious Metals Class B-2	1 Year	<input type="checkbox"/>	\$1371	N/A
** Note 30% late fee may be added to applications not received two weeks in advance				
Additional Required Documents				
<input type="checkbox"/> Site Plan of where sales will be set up (Include setback from property lines, parking & vehicle access) <input type="checkbox"/> Permission from Property Owner for sales location <input type="checkbox"/> Declaration regarding local fruits and vegetables (Fruit and Vegetable Stands) <input type="checkbox"/> Valid Photo Identification for each Individual person (Door-to-Door Sales/Old Gold/Day Sales) <input type="checkbox"/> Police Clearance for all licensees, and employees (Door-to-Door Sales/Old Gold/ Day Sales)				
Notice with Respect to Collection of Personal Information				
<p>Personal information on this form is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and Protection 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 licences 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 the collection of information can be made to the Manager of Licensing Services, 315 King Street West, Chatham, ON N7M 5K8, (519) 360-1998.</p> <p>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.</p>				
Signature:		Date:		