

Application for Transient Trader License in the Town Of Essex

By-Law 629, as amended

2020 License Fee: \$337.23 (Annual Fee as set by By-Law 1331)

Please Attach:

- Letter Indicating Permission From Property Owner To Allow Transient Trader(s) On Premises
- Drawing Of Location Of Vending On Premises
- Fire Department Approval (If Applicable)-Contact Town of Essex Fire Department at (519) 776-7132
- Health Unit Inspection Report (when selling food stuff)– contact the Windsor-Essex County Health Unit at 519-776-6102
- Police Clearance
- Proof of Liability Insurance for \$2,000,000.
- Proof of Business Registration with the Ministry of Finance

Event Name:

Event Location/Municipal Address:

Event Dates:

Entire Business Name:

Business Operator's Name:

Business Owner's Name:

Business Information: Street Address:_____

Please Print City/Town:_____ Province:

Postal Code:

Cell Phone Number:

Phone Number:

Fax Number:

Email Address:

Type of Goods/Services to be sold:

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in Town of Essex By-law Number 629, as amended.

Date

Signature of Applicant

**Town of Essex Planning
Department:**

Zoning Designation:_____ Permitted

Use: No Yes

Planning Dept. Approved By:_____ Date:

Comments:

ATTACH THE FOLLOWING DOCUMENTS if applicable:		
Document	Details	Date recv'd
Permission Letter from Property Owner		
Site Map of Vending Area		
Police Clearance Checks for EACH Individual Number of individuals:	(if applicable)	
Health Department Inspection	(current within last 60 days)	
Fire Department Approval	(if applicable)	
Zoning approval	(if applicable)	
Proof of Liability Insurance-\$2,000,000.00		
Complete list of vendors	(per attached if applicable)	

The information provided in this application will be available for public inspection.

Fee : \$337.12

Receipt Number:

License Number: _____ License Issued By: _____
Clerk, Town of Essex

Application for a Transient Traders License

List of Vendors

Business/Operator Name:

Business/Operator Street Address:

Postal Code: Phone # Cell #

Type of merchandise:

Business/Operator Name:

Business/Operator Street Address:

Postal Code: Phone # Cell #

Type of merchandise:

Business/Operator Name:

Business/Operator Street Address:

Postal Code: Phone # Cell #

Type of merchandise:

Business/Operator Name:

Business/Operator Street Address:

Postal Code: Phone # Cell #

Type of merchandise:

All personal information on this application is collected pursuant to Section 150 of the Municipal Act, 2001, S.O. 2001, c. 25 as amended, and will be used to assess eligibility for a business license. If you have any questions regarding the collection and use of this information please contact the Clerk, Town of Essex at (519) 776-7336.