



Town of Lewisporte
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SCHEDULE "A"

TOWN OF LEWISPORTE APPLICATION FOR VENDOR PERMIT

NAME: _____
(Individual, Corporation or Partnership)

ADDRESS: _____

NAME: _____
(Holder of Vendor Permit)

ADDRESS: _____

AUTHORIZED SALESPERSONS: _____

Description of goods or food to be sold: _____

Proposed location of business: _____

Description of vending vehicle (s) or/and stand (s): _____

(include number)

Vending vehicle licence if registered under the Highway Traffic act: _____

Permit issued by the Department of Health: Yes or No (attach copy)

Term of vendor permit: Daily _____
Seasonal _____ (Check one)
Annual _____

SIGNATURE