



SCHEDULE "A"

TO: Office of the Administrator
Village of Wabamun
P.O. Box 240
5217 – 52 Street
WABAMUN, Alberta
T0E 2K0

DATE: _____

RE: APPLICATION FOR HAWKERS OR PEDDLERS' LICENSE

NAME & ADDRESS OF APPLICANT: _____

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

GOODS OR SERVICES BEING OFFERED FOR SALE:

LICENSE PERIOD BEING APPLIED FOR:

SIGNATURE OF APPLICANT

FOR VILLAGE OFFICE USE ONLY
COMMENTS: _____

APPLICATION NO. _____
FEE: _____
RECEIPT NO. _____
LICENSE NO. _____

DATE: _____ FROM: _____ TO: _____

ADMINISTRATOR