

Hawkers & Peddlers Bylaw#484

Schedule 'A'

TO: Office of the Chief Administrative Officer DATE: \_\_\_\_\_  
Town of Sedgewick  
Box 129  
4818 - 47 Street  
Sedgewick, AB T0B 4C0

RE: **APPLICATION FOR HAWKERS' AND PEDDLERS' LICENSE**

Name and Address of Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Other Government License Information: \_\_\_\_\_

Goods or Services being offered for sale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Duration: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

FOR MUNICIPAL OFFICE USE ONLY

APPLICATION NO. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FEE: \_\_\_\_\_

\_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_

\_\_\_\_\_

LICENSE NO.: \_\_\_\_\_

\_\_\_\_\_  
Municipal Staff