

SCHEDULE "A"

TO: Office of the Chief Administrative Officer DATE: _____
Town of Mayerthorpe
P.O. Box 420
4911 - 52 Street
Mayerthorpe, Alberta T0E 1N0

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

Name and Address of Applicant:

TELEPHONE NUMBER: _____

Goods or Services being offered for sale:

License Duration:

From: _____ To: _____

Signature of Applicant

FOR MUNICIPAL OFFICE USE ONLY

APPLICATION NO. _____

COMMENTS: _____

FEE: _____

RECEIPT NO. _____

LICENSE NO. _____

Municipal Receptionist

cc: Mayerthorpe Chamber of Commerce