

**SCHEDULE "A"
TO BYLAW 2017-22
APPLICATION FOR
REFRESHMENT VEHICLE LICENCE**

I _____ of

(ADDRESS)

(PHONE NUMBER)

HEREBY MAKE APPLICATION UNDER BY-LAW 2017-22 FOR A LICENCE FOR A
REFRESHMENT VEHICLE LICENCE UNDER:

A) MY NAME: _____

Or

B) OPERATING UNDER THE NAME OF: _____

C) ADDRESS IF DIFFERENT FROM ABOVE: _____

D) PHONE NUMBER IF DIFFERENT FROM ABOVE: _____

E) NAME OF THE VEHICLE: _____

F) DESCRIPTION OF VEHICLE: _____

G) LICENSE PLATE: _____

H) MAKE: _____ **MODEL:** _____

I) Vin #: _____

**J) THE PRODUCTS TO BE SOLD FROM THIS VEHICLE AT THIS LOCATION
ARE DESCRIBED AS:**

K) APPLIANCES

Manufacturer	Type	Model Number	Input (BTUH)

L) LETTERS OF COMPLIANCE:

MEDICAL OFFICER OF HEALTH: _____

CHIEF FIRE OFFICIAL: _____

CERTIFIED PROPANE FITTER (TSSA): _____

SIGNATURE OF LAND OWNER AUTHORIZING USE: _____

NOTE: A COPY OF A LETTER FROM THE PROPERTY OWNER OF THIS LOCATION GIVING PERMISSION TO USE THE PREMISES **MUST** BE ATTACHED TO THIS APPLICATION, ALONG WITH SITE PLAN FOR REVIEW FROM ZONING.

I HAVE PREVIOUSLY HELD A REFRESHMENT VEHICLE LICENCE FOR THE TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS:

YES OR NO

THIS APPLICATION MUST BE REVIEWED AS TO THE SUITABILITY OF THE LOCATION PRIOR TO ANY LICENCE BEING ISSUED.

COMMENTS AND CONDITIONS:

I, _____, SWEAR THAT THE INFORMATION GIVEN IN THIS APPLICATION AND ANY SUPPORTING DOCUMENTS IS TRUE AND COMPLETE AND I UNDERSTAND THAT FALSE STATEMENTS COULD RESULT IN THE LICENCE BEING REVOKED AT ANY TIME.

SWORN BEFORE ME AT THE TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS THIS _____ DAY OF _____, 20____.

(SIGNATURE OF APPLICANT)

(SIGNATURE OF COMMISSIONER OR BYLAW OFFICER)

***** THE PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL ACT 2001, BYLAW 2017-22 AND WILL BE USED TO DETERMINE ELIGIBILITY FOR A LICENCE.**