



Special Event -Transient Trader Vendor Information Form

Event organizer must complete all questions on this form. Please print.
Copy and attach extra forms if necessary

Name of Applicant: _____
Phone #: (_____) _____ Email: _____
Event: _____ Event Date: _____

Vendor # _____

Vendor Business Name:	
Phone Number:	
Business Address:	
Description of Goods/Services:	
Vendor Personal Name:	Phone Number:
Personal Address:	

Vendor # _____

Vendor Business Name:	
Phone Number:	
Business Address:	
Description of Goods/Services:	
Vendor Personal Name:	Phone Number:
Personal Address:	

Vendor # _____

Vendor Business Name:	
Phone Number:	
Business Address:	
Description of Goods/Services:	
Vendor Personal Name:	Phone Number:
Personal Address:	

DECLARATION

I, the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the City of Kawartha Lakes, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath.

X _____
Signature of Applicant Date of Signature

The personal information on this form is being collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act*, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at Clerks@kawarthalakes.ca