



## Annual Transient Trader Licence Application to operate in the City of Kawartha Lakes

The Licensing Fee must be collected prior to Agency Approval. Licensing fee is Non-Refundable

**Name of Applicant:** \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Name of Business Authorizing the Applicant:** \_\_\_\_\_

Address of Business Authorizing the Applicant: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Company Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Has the applicant been charged or convicted under any Federal or Provincial Act within the last five years? .....Yes: ☐ No: ☐

Does the authorizing business have any outstanding corrective orders or non-compliance issues under any Federal, Provincial or Municipal Acts, Regulations or By-laws? .....Yes: ☐ No: ☐

Please Specify: \_\_\_\_\_

### Please Submit the Following Documentation With The Completed Application Form

- 1) Police Criminal Reference Check of Applicant;
- 2) Copy of Applicant Drivers Licence;
- 3) General Liability Insurance of \$2,000,000 (minimum);
- 4) Transient Trader fee as per the Fees Bylaw; and
- 5) Letter of Permission from Authorizing Business, allowing your business to operate on property.

**TO: Municipal Law & Licensing Clerk  
City of Kawartha Lakes  
37 Lindsay Street South,  
Lindsay, Ontario K9V 2L9  
Phone: 705-324-9411 ext. 1328**

Other documents deemed pertinent in granting this application can be requested by the Licensing Officer.

### INDEMNIFICATION AGREEMENT

I, the undersigned, agree that I shall at all times indemnify and save harmless the Corporation of the City of Kawartha Lakes, its employees and Members of Council from and against any and all manner of claims, demands, losses, actions and other proceedings whatsoever made or brought against, suffered by, or imposed on the City in respect of any loss, damage or injury to any person or property, which are occasioned by or attributable to the issuance of this license or operation of the business.

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

\_\_\_\_\_  
Date of Signature

### 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. I also hereby agree to authorize the City of Kawartha Lakes to release any information, which is deemed pertinent in the granting of this application.

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](mailto:Clerks@kawarthalakes.ca)