



**TOWN OF ARBORG**  
 337 River Road  
 Box 159, Arborg, MB R0C 0A0  
 Tel: 204-376-2647 Fax: 204-376-5379  
 Website: [www.townofarborg.com](http://www.townofarborg.com)  
 E-mail: [townofarborg@mymts.net](mailto:townofarborg@mymts.net)

## TRANSIENT TRADER LICENSE APPLICATION

Business Name:					
Owner / Applicant Name					
Civic Address of Business:				Town	
Mailing Address:			Town	Postal Code	
Business Telephone:	( )		Cell:	( )	
Email:		@	Website		
Type of Business	(Specify)				
Description of Door-to-Door Activity					
Person Responsible for Agent(s) going Door-to-Door:					
Telephone	( )	Extension		Title:	
Site Plan Showing Locations Attached		# of Agents going Door-to-Door			
Date(s) of Activities:			Time(s) of Activity:		
I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution.					
Signature				Date:	
Business License Fee(s)	\$100.00 Seasonal <input type="checkbox"/>		\$200.00 Annual <input type="checkbox"/>		
Payment Enclosed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Chq <input type="checkbox"/>	Cash <input type="checkbox"/>	
Payment via EFT	Sent to: <a href="mailto:townofarborg@mymts.net">townofarborg@mymts.net</a>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

OFFICE USE ONLY			
Fee Owning:		Payment Received <input type="checkbox"/>	Certificate <input type="checkbox"/> Filed <input type="checkbox"/>
Receipt #		Issue Date:	
License #		Expiry Date:	
Supporting Documents Received <input type="checkbox"/>			