



Town of Lewisporte
152 Main Street, P.O. Box 219
Lewisporte, NL A0G 3A0
T. 709-535-2737
F. 709-535-2695
Email: info@lewisportecanada.com

SCHEDULE "A"

TOWN OF LEWISPORTE APPLICATION FOR VENDOR PERMIT

NAME: _____
(Individual, Corporation or Partnership)

ADDRESS: _____

NAME: _____
(Holder of Vendor Permit)

ADDRESS: _____

AUTHORIZED SALESPERSONS: _____

Description of goods or food to be sold: _____

Proposed location of business: _____

Description of vending vehicle (s) or/and stand (s): _____

(include number)

Vending vehicle licence if registered under the Highway Traffic act: _____

Permit issued by the Department of Health: Yes or No (attach copy)

Term of vendor permit: Daily _____
Monthly _____ (Check one)
Annual _____

SIGNATURE
DATE: _____



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SCHEDULE "B"

VENDOR PERMIT

Permit No. _____

This is to certify that _____ of _____

is hereby permitted to conduct a vendor's business in the Town of Lewisporte.

This permit is in force from the _____ day of _____, _____, until the _____ day of _____, _____.

The permit is issued subject to the provisions of the regulations of the Town of Lewisporte relating to vendors conducting business within the limits of the Town of Lewisporte. The permit is not transferrable.

Additional conditions _____

The following salespersons are authorized to act on behalf of the above named holder of this permit.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

Dated this _____ day of _____, _____, AD.

Received the sum of \$_____ for Vendor Permit



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SCHEDULE "D"

Vendor Permit Fees for

Vending Vehicle business

Daily rate	\$30/day
Monthly rate	\$100 per month (plus \$10 for each unit)
Annual rate	\$300 (plus \$10 for each unit)

Vending Stand business

Daily rate	\$30 (per stand)
Monthly rate	\$100 (per stand)
Annual rate	\$300 (per stand)