

SCHEDULE "B" APPLICATION FOR REFRESHMENT VEHICLE LICENCE
TOWNSHIP OF ALFRED AND PLANTAGENET
BY-LAW NUMBER 2005-70

Applicant Information

Name of Applicant: _____ D.O.B.: _____

Address: _____ Phone Number: _____

Type of licence: Annual licence Special Event

Special Event Dates: from _____ to _____ (maximum 10 days)

Location: _____

If Private Property, are you the owner? Yes No

If no, name of owner: _____

Vehicle Information

Serial number: _____

Make: _____ Style: _____ Model: _____

Motor Vehicle Permit Number: _____

Liability Insurance

Name of Insurance Company: _____

Policy number: _____ Amount of coverage: \$ _____

Declaration

I, the undersigned, _____ am the applicant named in the above application and I certify the truth of the statements or representations contained therein.

I understand that the issuance of a licence shall not be deemed a waiver of any of the provisions of any By-laws or other acts or regulations.

I acknowledge that in the event the licence is revoked for any cause or irregularity or non-conformity with By-laws or conditions, there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is expressly waived.

Date: _____

Signature of Applicant: _____

Signature of Witness: _____

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For Office Use Only – Check List

- | | | | |
|--------------------------------|------------------------------|-----------------------------|------------------------------|
| Application Complete: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Medical Health Officer Letter: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Fire Chief Letter: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Zoning Administrator Letter: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Copy of Proof of Insurance: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Fess included: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |