



**TRANSIENT TRADERS/BUSINESS LICENSE FORM**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Provincial Business Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Phone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Cellular Number: (    ) \_\_\_\_\_

Type of Business: \_\_\_\_\_

**Number of Employees that will be working in Neepawa: \_\_\_\_\_**

Employee Name	Position with Company	Direct Seller License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Company Vehicles that will be working in Neepawa**

Vehicle Make/Model/Year	Colour	License Plate No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Owner/Company Contact:

\_\_\_\_\_ Date: \_\_\_\_\_

Please provide Direct Sellers License numbers for all employees if product is being sold door to door.