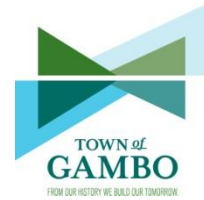


Town of Gambo
P.O. Box 250
Gambo, NL A0G 1T0
Tel: 709-674-4476
Fax: 709-674-5399



SCHEDULE "A"

APPLICATION FOR A 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) and/or stand(s): Including Number: _____

Vending vehicle licence No., if registered under the Highway Traffic Act: _____

Permit Issued by the Department of Health: _____
(Attach copy)

Signature of Applicant: _____

Dated this _____ day of _____, 20_____.