

**CORPORATION OF THE TOWNSHIP OF ALFRED AND PLANTAGENET**

Form 750

**APPLICATION FOR REFRESHMENT VEHICLE LICENCE**

**Applicant Information**

Name of Applicant: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Type of licence: Annual licence  \$200 Special Event  \$50

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**

Vehicle Identification Number (VIN): \_\_\_\_\_

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 a licence is issued, any departure from specific conditions contained in said licence is prohibited and such could result in the licence being revoked.*

*I further 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.*

\_\_\_\_\_, Ontario \_\_\_\_\_ 20\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

***Office use only – CHECK LIST***

Application Complete:	YES ___	NO ___	
Medical Health Officer Letter:	YES ___	NO ___	
Fire Chief Letter:	YES ___	NO ___	N/A ___
Zoning Administrator Letter:	YES ___	NO ___	N/A ___
Proof of Insurance (photocopy):	YES ___	NO ___	
Fees included:	YES ___	NO ___	
Receipt #:	Amount:		