



OFFICE USE ONLY	
Date Received:	
Date Approved:	
Department Approval:	

**Municipality of the County of Inverness
Vendor License Application**

Applicant Name:	
Address:	
Telephone:	
Email:	
Type of Vendor:	
Make and Year of Vehicle(if applicable):	
Seral Number of Vehicle(if applicable):	
Amount of Insurance on Vehicle and Name of Insurance Provider:	
Policy number and expiry date:	

Character References	
Name	Phone Number
1.	
2.	

Application must be accompanied by:

- a) A certificate signed by a qualified mechanic certifying that the vehicle sought to be licensed is in good mechanical condition.
- b) An Automobile Insurance Policy or certified copy thereof, providing on the vehicle sought to be licensed, public liability, property damage and cargo or passenger hazard insurance in the following amounts:
 - i) The amount of two million dollars (\$2,000,000.00)
- c) A fee of \$10.00.

Please return application, with fee, by:

- a) *Mail: Municipality of the County of Inverness, PO Box 179, Port Hood, NS B0E 2W0*
- b) *In person: 375 Main Street, Port Hood, NS.*