

Signature of Applicant

## **Mobile Sales Establishment Application**

Applicant's name		
Applicant's home address		
Property owner's name		
Location(s) of mobile sales establis	hment	
Primary phone	Secondary phone	Fax
Email address		
Property number		
Name of mobile sales establishmen	t:	
Days/Hours of Operation:		
Additional Information:		
<ol> <li>That the site plans submitted correctly s location of the proposed establishment t</li> <li>That I know of no reason why the perm conscientiously believing it to be true.</li> <li>I waive all rights or action against the C which may be caused through the enforcause or irregularity of nonconformity v</li> </ol>	et out the dimensions and the area of the lands of the street and property line. It should not be granted to me in pursuance of the ity of Summerside and/or its officers, agents, of the cement of any provision or provisions in any of with the Bylaws or regulations adopted by the C	e of the circumstances connected with the same. described in the application, and the relation of the he said application, and making this declaration r employees in respect to negligence or any damages the City Bylaws or for the revoking of a permit for any tity of Summerside. ost of repair or replacement of the same to the complete

Date