| Registered Name of Business:   |                 |     |
|--|-----------------|-----|
| Applicant Name:  |                 |     |
| Telephone: ( )   | Cell: ( )       |     |
| _Fax: ( )  |                 | -   |
| Email:   | Website:        |     |
| Owner Information If not the applicant   |                 |     |
| Name of Vehicle Owner:   |                 |     |
| Mailing Address:   |                 |     |
| Telephone: ( )   | Cell: ( )       |     |
|  |                 |     |
| Hours of Operation   |                 |     |
|  | Start           | End |
| Location of Operation:   |                 |     |
|  |                 |     |
| Attachments to be provided with the application:  Written consent of owners of property or developments where the truck will operate Health Unit Inspection Approval Ontario Propane Association Inspection Approval Essa Fire Department Inspection Approval Certificate of insurance for a minimum of \$3 million dollars showing Township as additionally insured |                 |     |
| I,, of the of  |                 |     |
| Dated this da  | uy of,,         |     |
|  |                 |     |
| Signature of Applicant   | Issuer of Licen | ses |
| Signature of Property Owner  |                 |     |