## EXHIBIT "A" BYLAW NO. 10/18

## **TOWN OF WILKIE**

## **LICENSE APPLICATION**

DATE:	
NAME:	
ADDRESS:	
TELEPHONE:	
BUSINESS NAME:(if different from above) ADDRESS:	
TELEPHONE:	
Specify services, codes or merchandise offere	ed for sale;
IF SINGLE JOB LICENSE: MUNICIPAL ADDRESS OF JOB:	
LOT, BLOCK, PLAN	
PERSON WHOM WORK IS BEING DONE FO	
_OCATION OF TRANSIENT TRADER:	
HEREBY CERTIFY THAT THE ABOVE INFO	
Date	Signature of Applicant
LICENSE IS HEREBY GRANTED AS PER THE ABOVE APPLICATION. YOUR RECEIPT SHALL BE PROOF OF LICENSE.	
LICENSE FEE \$ RECEIPT	NO
Date Tov	vn Administrator