



**THE CORPORATION OF THE TOWNSHIP OF JOHNSON  
AN APPLICATION FOR A TRAILER LICENSE  
Schedule "A" to By-Law #2012-707**

Name of Property Owner:	Phone Number (Home):		
	Phone Number (Cell):		
	E-mail:		
Lot Number (of trailer location):	Concession Number or Plan Number (of trailer location):		
Civic Address of Trailer Location:	Postal/Zip Code:		
Permanent Address of Registered Property Owner:			
Name and Address of Trailer Owner (if Different from property owner)			
Trailer License Plate Number:	Trailer Description (Make/Model/Colour/Size)		
Beginning (dd/mm/yy): _____ <u>Period of Occupancy</u> Ending (dd/mm/yy): _____			
Number of Month: _____ <u>Type of Permit (Check One)</u> One Year: <input type="checkbox"/>			
<b>Agency Approvals and Other Information</b>			
<b>Agency / Company</b>	<b>Type of Approval</b>	<b>Approval/Certificate Number</b>	<b>Date of Approval</b>
Alcona Public Health	Class of sewage disposal system:		
Township of Johnson	Site Plan Approval		
Township of Johnson	Lake Capacity Assessment		

I declare the information on this application to be true and accurate: \_\_\_\_\_  
Date

Applicant Name (Print) \_\_\_\_\_

Circle Use Only	
Permit: _____	Number of Months: _____ One Year <input type="checkbox"/>
Fee Paid (\$): _____	Receipt Number: _____
Date Permit Issued: _____	
Date Permit Revoked: _____	
Assessment Roll #: _____	

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