



**SCHEDULE "A"**  
**TRAVEL TRAILER PERMIT APPLICATION & FEES**

4187 Hwy #317 – Box 100  
 Lac du Bonnet, MB R0E 1A0  
 Phone: 204-345-3701  
 Fax: 204-345-6716  
 Email: [rmldb@lacdubonnet.com](mailto:rmldb@lacdubonnet.com)

DATE: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_ ROLL NUMBER: \_\_\_\_\_

NUMBER OF TRAVEL TRAILERS REQUESTED: \_\_\_\_\_ (maximum 2)

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_  
 (Only between May 1<sup>st</sup> to October Long Weekend)

TRAVEL TRAILER VEHICLE PLATE NUMBERS (list all plate numbers)

REASON FOR PERMIT APPLICATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEES**

- a) 1<sup>st</sup> travel trailer – Permit Required and No Fee.
- b) 2<sup>nd</sup> travel trailer – Permit Required and a \$350.00 non-refundable permit fee
- c) No permit and no fee's required for weekend or long weekend occupancy.

I acknowledge and declare that:

- 1. All statements and representations contained in this application for permit are correct and accurate.
- 2. The property owner, lessee, occupier or person in control of a premises is responsible for invitees, guests or other persons on the property.
- 3. The property owner will remove the additional travel trailers promptly after the permit expiration date.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use:</b>	
Application Number:	Permit Number (if different):
Date Received:	Payment Received:
	Date Permit Expires: