

The Corporation of the Township of Tehkummah 456 Hwy 542A, P.O. Box 24 Tehkummah, Ontario PoP 2Co 705-859-3293 www.tehkummah.ca

## MOBILE VENDOR LICENSE APPLICATION

Incorporated ( ) Partnership ( ) Sole Proprietor ( )			FEE: \$500			
The following MUST be FUI for and RETURNED along v						
BUSINES NAME						
ADDRESS:		<u> </u>				
CITY/TOWN		POSTAL CODE:				
TELEPHONE HM	MOBILE	EMAIL ADDRESS:				
BUSINESS OWNER:						
ADDRESS:	CITY/TOWN	CITY/TOWN:				
POSTAL CODE:	TELEPHONE: ( )					
PROVINCIAL DRIVER'S LICE	NSE NO.:		EXPIRY:			
EMAIL ADDRESS:						
FOOD/GOODS SUPPLIER: _						
ADDRESS:		CITY/TOWN:				
POSTAL CODE:	TELEPHONE:					
PREMISE WHERE FOOD IS F	PREPARED:					
ADDRESS:		_CITY/TOWN:				
POSTAL CODE:	TELEPHONE:					



## The Corporation of the Township of Tehkummah 456 Hwy 542A, P.O. Box 24 Tehkummah, Ontario PoP 2Co 705-859-3293 www.tehkummah.ca

On a separate sheet provide the following information for each vehicle, if any, to be licensed:

1. VEHICLE OWNER, 2. YEAR / MODEL / MAKE, 3. SERIAL NO, 4. ONTARIO LICENSE, 5.PLATE NO.

## The following documents listed below are required and must be filed with this application

- Valid Driver's License: (catering truck, ice cream truck, chip truck, etc. (if applicable)
- Current propane certificate within 30 days of application (if applicable)
- A description of the food/goods to be sold (all)
- If other than a sole proprietorship, a copy of the incorporating documents and corporate number
- If partnership, list of names and address for each partner.
- Approval from the Sudbury District Health Unit, contact (705)-370-9200
- Vehicle ownership showing vehicle is licensed as a commercial vehicle (if applicable)
- Name of property owner where vendor will be parked
- Certificate of Public Liability Insurance in the amount of two million dollars (\$2,000,000). The Corporation of the Township of Tehkummah and address must appear on the certificate as either "Additional Insured" or "Certificate Holder" in order to provide the Township at least ten days' notice in writing prior to cancellation, expiration or change of policy. This **ONLY** applies if on Township property.

Please be advised that incomplete applications will not be accepted and will be returned. It is an offence to operate a business without a license and charges may be laid without additional notice.

## I HEREBY CERTIFY THAT I WILL COMPLY WITH THE PROVISIONS OF ALL BY-LAWS PERTAINING TO THE LICENCES FOR WHICH I AM APPLYING.

Signature	Date	Date			
OFFICE USE ONLY: Total Fees:	_License	Zoning:	Rec & (	Culture:	
Receipt No	Insurance:	Health:	_Propane:	Plate #	

Note: Personal information on this form is collected under the authority of the Municipal Act.