



MOBILE VENDOR APPLICATION

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| Applicant Name and Address: | |
| Applicant Name | |
| Address | |
| City, Province | |
| Postal Code | |
| Business Phone | |
| Cell Phone | |
| Business Name and Address: | |
| Name under which Business Operates | |
| Please Indicate with a check mark | Corporation ____ Sole Proprietorship ____ Partnership ____ |
| Street Address | |
| City, Province | |
| Postal Code | |
| Business Phone | |
| Number and types of structures used in conjunction with the operation of the mobile vehicle: (\$10.00 fee per structure) | |
| Refuse Containers ____ Beverage Coolers ____ Chairs ____ Tables ____ | |
| Licence Fee: | |
| New - \$100.00 | Renewal - \$100.00 |
| Please enclose the following documents: | |
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> Police Clearance |
| <input type="checkbox"/> | <input type="checkbox"/> Photo of vehicle and site plan |
| <input type="checkbox"/> Health Unit Certificate of Inspection | <input type="checkbox"/> Food Handlers Certificate/Propane Approval |
| <input type="checkbox"/> Vehicle Ownership & Safety Certificate | <input type="checkbox"/> TSSA Proof of Compliance |
| Please return this application with your payment along with all documents to the Office of the Town Clerk/ Licensing Officer. | |

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| <p><u>Notice with respect to the Collection of Personal Information</u></p> <p>I acknowledge that the information requested on this form and any attachments are collected in order to process, issue, monitor and regulate mobile vendors licenses issued by the Town of LaSalle. The name and business address of the licensee is public information. Any other personal information is protected under the <i>Municipal Freedom of Information and Protection of Privacy Act</i>.</p> | |
| <p>_____</p> <p>Date</p> | <p>_____</p> <p>Signature of Applicant</p> |