

19000 Leslie Street Sharon, ON L4G 2A6 905-478-4282

Refreshment Vehicle Licence Application

| Classification | Chip Wagon Refreshment Vehicle Event Vendor (Temporary) | |
|--|---|--|
| Applicant Information: | | |
| Owner/Corporation | Full Name: | |
| Applicant | Full Name: | |
| Owner/Business Full Address: | | |
| | | |
| Owner/Business Phone #: | | |
| Applicant Phone #: | | |
| Owner/Business Email: | | |
| Vehicle Information: | | |
| Make: | | |
| Model: | | |
| Licence Plate #: | | |
| VIN #: | | |
| Provide a list of foods to be sold: | | |
| | | |
| | | |
| Application Requirements: (all requirements must be provided upon application) | | |
| A letter of permission from the owner of land to which the vehicle will be located (Chip Wagon Only) | | |
| A site plan indicating the location of the vehicle (Chip Wagon Only) | | |
| A list of Businesses/Locations where Refreshment Vehicle will be servicing | | |
| TSSA Approval | | |
| Certificate of Health Inspection | | |
| Proof of Insurance | | |
| Licence Fee | | |
| Completed Application | | |
| Signature: | | |

Owner/Applicant herby acknowledges and declares that;

- I/We have read and understand By-law 2005-26, being a by-law to regulate the licensing, regulating and governing of refreshment vehicles/catering trucks, hawkers/peddlers and vendors who conduct business in the Town of East Gwillimbury;
- The information contained in this application is true and complete to the best of my/our knowledge, and that failure to provide complete and accurate information may delay or nullify the licensing process;

- I/We are aware that certain searches must be made in the processing of my/our application for a licence and I/We consent to the Town of East Gwillimbury making enquiries to all the appropriate authorities regarding any criminal record;
- I/We acknowledge that the forgoing application may contain "personal information" as
 defined under the Municipal Freedom of Information and Protection of Privacy Act,
 1989, as amended, and that such information is required pursuant to the provisions of
 the Municipal Act and will be utilized by the Town for the administration of this licence.
 Where such information pertains to a person other than me, that person has authorized
 me to disclose such information as noted by his or her signature below.

| Signature(s): | Date: |
|---|-------|
| Office use Only: Date received: All documents received: yes on no | |
| Approving signature: Business Licence # | |