



Refreshment Vehicle Licence Application

Personal information collected on this form is collected under the authority of the Municipal Act, 2001, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Municipality of West Perth, 169 St. David Street, PO Box 609, Mitchell, ON, N0K 1N0, telephone 519-348-8429 Clerk's Department.

Date Submitted:			
Applicant Information			
Full Name	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Address	<i>Street Name & Number</i>		<i>P.O. Box</i> <i>Apt or Unit #</i>
<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
Home Phone:		E-Mail Address:	
Business Phone:		Fax Number:	
Refreshment Vehicle/Cart Name:			<input type="checkbox"/> New <input type="checkbox"/> Renewal
Operating Location and Address			
Current & Valid Ontario Driver's Licence Number			

Owner(s) of Property Information (if not the applicant)			
Name(s)	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Company			
Address	<i>Street Name and Number</i>		<i>PO Box</i>
<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>	
Home Phone:		Business Phone:	
E-Mail Address:		Fax Number:	

Consent of Property Owner (If Applicant is Not the Registered Owner(s))	
<p>I/We _____ being the registered owner(s) of the subject lands, hereby authorize _____ to submit the enclosed application to the Clerks Department and to provide any information or material required by the Clerks Department relevant to the application.</p> <p>Dated at the Municipality of West Perth</p> <p>this _____ day of _____ 20 _____</p>	
<hr/> Signature of Owner	<hr/> Signature of Co-Owner

Required Information for Your Application

The following is required in accordance with Municipality of West Perth Licensing By-law No. 69-2017

Refreshment Checklist – Do you have ALL of the following?

1. Completed Application Form

2. License Fee (cash, cheque, debit)

As per current Fees & Charges By-law

3. Plot Plan that shows all of the following:

- All buildings & structures on property
- Floor area & use of all buildings on property
- Number of existing parking spaces
- Proposed location including setbacks to lot lines

4. Insurance Certificate or Policy:

Indemnification and proof of Commercial General Liability insurance in the amount of two million dollars (\$2,000,000), and naming the Municipality as an additional insured. If applicable, Proof of Automobile Liability insurance in the amount of two million dollars (\$2,000,000), coverage against claims for bodily injury and/or property damage for all licensed vehicles and equipment owned or leased by the Applicant.

5. Permission of Property Owner

6. List all vehicle, trailer or cart information below, if applicable

Vehicle Make	Year	Licence Plate Number	VIN or Serial Number of Vehicle/Trailer

7. One (1) photograph of the Refreshment Vehicle

8. A copy of the Motor Vehicle or Trailer registration, if applicable

9. Valid Safety Standards Certificate, if applicable

10. Perth District Health Unit Inspection Report

11. West Perth Fire Department Mobile Food Service Equipment Inspection Self Checklist

12. Safety Inspection issued within thirty (30) days of the date of the application from TSSA

Signature of Applicant

I, _____ (please print name) solemnly declare that the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true and know that it is of the same force and effect as if made under oath.

The issuance of a licence is not intended and shall not be construed as permission or consent by the Corporation for the holder of the licence to contravene or fail to observe or comply with any law of Canada or Ontario or any by-law of the Corporation.

I understand that all the information, documents and drawings and plans provided with this application will be made available to the public, as required by the provisions of the *Municipal Act, 2001*, as amended.

Applicant's signature _____

Declared before me at the Municipality of West Perth this _____ day of _____, 20____.

Commissioner for Taking Affidavits _____