

### THE CORPORATION OF TAY VALLEY TOWNSHIP

217 Harper Road, Perth, ON K7H 3C6 Phone: 613-267-5353 Fax: 613-264-8516 <u>www.tayvalleytwp.ca</u>

## **REFRESHMENT VEHICLE – LICENSE APPLICATION**

	Chip Wago	on □ Mobile Canteen □ Refreshment 0	Cart □
	Ne	w License □ Renewal □ Transfer □	
		JLLY COMPLETED in order to process the I office along with the applicable fees.	icense(s) applied for
1.	APPLICANT INFORMAT	TION	
	Name:		
	Address:		
		Street	
		City	Postal Code
	Phone Number:		
	Applicant's Driver's License Number:		
	Name of Owner/Partner Other than Applicant:		
	11	Name	
		Address and Postal Code	Phone Number
2.	BUSINESS INFORMATI	ON	
	Business Name:		
	Business Address:	Street	
		City	Postal Code
	Phone Number:		

3.	PROPERTY OWNER W	HERE REFRESHMENT VEH	HICLE IS TO BE LOCA	TED (if applicable)
	Name:			
	Address:	Street		
		Sileet		
		City		Postal Code
	Phone Number:			
4.	PROPERTY DESCRIPT	TON (if applicable)		
	Civic Address:			
	Roll Number:			
	Lot:	Concession:		
5.	PROPERTY SIZE (if ap	plicable)		
	Width:	Depth:	Area:	
6.	DESCRIPTION OF VEH	IICLE		
	Make:	Model:	Year:	Colour:
	Vehicle Plate #:		_ Serial #:	
7.	GARBAGE & RECYCL	NG		
	Indicate what provisions	will be made for the following	<b>j</b> :	
	Garbage Receptacles With Lids:			
	Garbage Removal:			
	Recycling:			
	General Cleanliness of the Site:			
8.	ADDITIONAL INFORMA	ATION		
	a) Proposed Date of Op	pening:		

#### 9. ATTACH THE FOLLOWING

- a) Site Plan
  - drawn to scale showing details of the proposed site where the refreshment vehicle will be located, which shall include:
    - the exact location
    - adjacent structures
    - closest neighbours
    - · entrances and exits to the site
    - · parking spaces
    - roads
    - sign locations
    - approved electrical or other utility hook-ups
    - seating and/or tables, if any
    - other specific details, as required
- b) Certificate of Liability Insurance (Two Million Dollars minimum)
- c) Motor Vehicle Insurance
- d) Commercial General Liability Insurance, including Products Liability, naming the Township as an additional insured (if applicable)
- e) Health Unit Inspection
- f) Propane Inspection Certificate (if applicable)
- g) Fire Compliance Certificate (for Chip Wagons & Mobile Canteens)
- h) Letter of Authorization of Owner (if applicable)
- i) Letter of Authorization from the Township, County and/or Province (where applicable)
- i) License Fee

#### 10. CERTIFICATION OF APPLICANT:

l,	, hereby certify that the information contained	I in this
application, as well as any accompa	nying documents is true.	
Signature of Applicant	Date	

\* This is an application only, <u>do not commence business</u> until your license has been issued.

Personal information on this form is collected under the authority of the Municipal Act, 2001, c. 25, and will be used to determine compliance with the provisions of the Township Licensing By-Law. This information may be forwarded to various Township Departments and other agencies or organizations. Questions about this collection should be directed to the Township Clerk, 217 Harper Rd., Perth, Ontario, K7H 3C6 (613) 267-5353.

# **OFFICE USE ONLY:** Received By: \_\_\_\_\_ Date: a) Application #: b) Planning Department Review: Does the use conform to all land use by-laws & regulations: Yes ☐ No ☐ If no, explain: \_\_\_\_\_ Is the operation further than 100 m to an existing food establishment: Yes No $\square$ Is the operation further than 100 m to an existing or proposed subdivision: Yes No $\square$ Approval Recommended: Yes No $\square$ Signature of Planner Date c) Public Works Department Review: Are there acceptable garbage & recycling provisions: Yes ☐ No ☐ If no, explain: \_\_\_\_\_ Is there adequate parking: Yes No $\square$ If no, explain: Have entrance & flow of traffic requirements been met: Yes \quad No \quad \quad If no, explain: Approval Recommended: Yes No Signature of Public Works Superintendent Date

	compliance with other by-la	iws & regulations:	Yes	No $\square$		
If no, explain:	If no, explain:					
Does the owner of	owe any money, including	taxes, permit fees o	or outstanding	work orders:		
If Yes, explain: _						
	compliance with the Refres				No [	
If no, explain:						
Additional Comn	Additional Comments:					
Approval Recom	Approval Recommended: Yes $\square$ No $\square$					
	rk	_	Date		_	
Signature of Cler						
Signature of Cler						
Signature of Cler	I ☐ Approved with	Conditions	Denied □			
	Approved with  Receipt No.:		Denied  cense No.:			
Approved						
Approved						
Approved						