

DATE (MM/DD/YYYY)

OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing 350 City Hall Square West - Suite 110 Windsor, ON N9A 6S1

Windsor, ON N9A 6S1 Ph: 519-255-6200, Option 1 Fax: 519-255-6868

SIGNATURE OF APPLICANT & TITLE

www.citywindsor.ca

MOBILE VEN	NDOR O	F FOOD APPLICATIO	<u>N</u>		OFFICE USE ONLY		
CLASS 2 (PU	JSHCAR	RT) – (2 PAGES)		LICENC	E#		
APPLICANT NAME	AND ADDRE	ESS					
ADDI ICANT NAME				DATE OF DIDTH.	(MM/DD/YYYY)		
APPLICANT NAME:				DATE OF BIRTH: HOME PHONE:			
STREET ADDRESS	:			CELL PHONE:			
CITY, PROVINCE:				POSTAL CODE:			
BUSINESS NAME A	ND ADDRES	SS					
NAME UNDER WHI	СН			PLEASE INDICATE WITH A CHECK MARK:($$)			
BUSINESS				Corporation Sole Proprietorship Partnership			
OPERATES:				BUS. PHONE:			
STREET ADDRESS				FAX NUMBER:			
	•						
CITY, PROVINCE:	EOD BUON	IEGO JE DIEEEDENT TUAN ADON	<i>,</i> =	POSTAL CODE:			
MAILING ADDRESS	FOR BUSIN	NESS, IF DIFFERENT THAN ABOV	/E:	OLTY PROVINCE			
CTREET ARRESCO				CITY, PROVINCE:			
STREET ADDRESS				POSTAL CODE:			
		CATEGORY		LICENC			
MOBILE	CLASS 2	(PUSHCART)	NE	EW - \$191.00/Each	RENEWAL-\$191.00/Each		
VENDOR OF FOOD			NEW - \$10.00/Each RENEWAL - \$10.00/Each				
HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES NO IF YES: What type? What year?		HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY? YES NO IF YES: Year? Location?					
		WING DOCUMENTS WITH THIS					
	•	not older than 3 months)	Site Plan, new only				
Board of Healt		Food Handler's Certificate, if serving food Photo & Dimensions of Vehicle, new only					
Propane Appro		ence if applicable		Certificate of Incorporation, if applicable			
Master Business Licence, if applicable Proof of Work Status (2) pieces of government-issued identification.			ification including one photo I.D. as well as one I.D. demonstrating proof of status				
Valid Photo Ide	entification	in Canada (e.g. birth certificate, Canadia etc.	n passport,	Canadian citizenship card, pe	ermanent resident card, work permit,		
DEPARTMENT DIST	TRIBUTION (ONLY:					
By-Law Enforce	ement – For L	ocation Inspection & Approval of Ca	rt				
PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, Room 203, WINDSOR, ON N9A 6S1. THE LICENCE RENEWAL DEADLINE IS JANUARY 31 ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON FEBRUARY 1 ST . THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE. THE ABOVE ARE THE ONLY BUSINESSES OPERATED AT THESE PREMISES WHICH REQUIRE A MUNICIPAL LICENCE IN ACCORDANCE							
WITH THE BY-LAWS OF THE MUNICIPALITY. I,, ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION IN THE CITY OF WINDSOR UNTIL THE FORMAL LICENCE IS ISSUED TO ME.							
NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION							
Act, City of Windsor regulate and investig business address of t	ne information Act, and City ate the variou he licensee is	n requested on this form and any ap of Windsor Licensing By-law 395-20 us licenses issued by the Office of the public information. Any other person on can be made to the Supervisor of the	pendices a 04. This i the City Cl onal inform	attached are collected un nformation is required in lerk, Policy, Gaming & Li ation collected will only b	der the authority of the Municipal order to process, issue, monitor, censing Division. The name and e used for investigative purposes.		



DATE (MM/DD/YYYY)

OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing 350 City Hall Square West - Suite 110 Windsor, ON N9A 6S1

Ph: 519-255-6200, Option 1 Fax: 519-255-6868

www.citywindsor.ca

MOBILE	<u>VENDOR</u>	OF FOOD APPLICAT	<u>TION</u>	OFFICE USE ONLY LICENCE #						
CLASS	2 (PUSHCA	ART) – PAGE 2		LICE	NOE #					
WHERE AR	E THE VEHICLE(S)								
	RED AND OR PA									
	HE SERVER OF T			YES		NO				
IF YES, DO YOU HAVE A VALID FOOD HANDLER'S LICENCE?			E?	YES		NO				
CLASS 2		RT (IE. HOTDOG CART)- IF YO			CARTS YOU MUS					
	2	SEPERATE SHEET WITH SEPERATE PAYMENT.								
DESCRIPT	DESCRIPTION OF LOCATION(S) OF PUSHCART – (IE. SOUTHWEST CORNER OFAND)									
<u> </u>										
** PI FASE I	NOTE: IF YOUR I	OCATION IS ON CITY PROPER	TY YOU MUS	ST HAVE A VALID AGI	REFMENT WITH T	HE CITY OF				
		T MUST BE RENEWED EACH								
	ARS OF INSUR									
	CE LIABILITY	\$	EXDIBA D	ATE (MM/DD/YYYY)						
INSURANCE COMPANY			RANCE AGENT							
	_	AND TYPE (0) OF OTPHOTUPE		_	THE OPERATION	OF THE				
MOBILE VE		AND TYPE(S) OF STRUCTURE	(2) USED IN (CONJUNCTION WITH	THE OPERATION	OF THE				
NUMBER OF REFUSE CONTAINERS				NUMBER OF BEVERAGE COOLERS						
NUMBER OF CHAIRS				NUMBER OF TABLES						
	NOTIO	CE WITH RESPECT TO COL	LECTION OF	PERSONAL INFOR	RMATION					
Lacknowledg	e that the informat	ion requested on this form and a	ny annendices	attached are collected i	ınder the authority	of the Municipal				
		ity of Windsor Licensing By-law 3								

acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municip
ct, City of Windsor Act, and City of Windsor Licensing By-law 395-2004. This information is required in order to process, issue, monito gulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. The name an
isiness address of the licensee is public information. Any other personal information collected will only be used for investigative purpose uestions regarding this collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S
19-255-6200.

SIGNATURE OF APPLICANT & TITLE