



**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 VENDOR OF FOOD APPLICATION**

OFFICE USE ONLY

LICENCE # \_\_\_\_\_

**CLASS 2 (PUSHCART) – (2 PAGES)**

**APPLICANT NAME AND ADDRESS**

APPLICANT NAME:		DATE OF BIRTH:	(MM/DD/YYYY)
STREET ADDRESS:		HOME PHONE:	
		CELL PHONE:	
CITY, PROVINCE:		POSTAL CODE:	

**BUSINESS NAME AND ADDRESS**

NAME UNDER WHICH BUSINESS OPERATES:		PLEASE INDICATE WITH A CHECK MARK: (✓)	
		Corporation	Sole Proprietorship
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS:		BUS. PHONE:	
		EMAIL ADDRESS:	
CITY, PROVINCE:		POSTAL CODE:	

**MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:**

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY		LICENCE FEES	
MOBILE VENDOR OF FOOD	CLASS 2 (PUSHCART)	NEW - \$255.00/Each	RENEWAL-\$255.00/Each
	TOTAL # OF STRUCTURES	NEW - \$10.00/Each	RENEWAL - \$10.00/Each

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: What type? _____  What year? _____	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____  Location? _____
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**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

Police Clearance (*Original, not more than 30 days old & issued by municipality you reside)	Site Plan, new only
Windsor/Essex Board of Health Certificate (519-258-2146)	Food Handler's Certificate, if serving food
Propane Approval	Photo & Dimensions of Vehicle, new only
Business Name Registration /Franchise Agreement, if applicable	Certificate of Incorporation including Directors, if applicable
Proof of Work Status	(2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.
Valid Photo Identification	

**DEPARTMENT DISTRIBUTION ONLY:**

By-Law Enforcement – For Location Inspection & Approval of Cart

**THE LICENCE RENEWAL DEADLINE IS JANUARY 31<sup>ST</sup> ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON FEBRUARY 1<sup>ST</sup>. 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**

I acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municipal Act, City of Windsor Act, and City of Windsor Licensing By-law 395-2004. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT & TITLE



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**CLASS 2 (PUSHCART) – PAGE 2**

WHERE ARE THE VEHICLE(S) BEING STORED AND OR PARKED?			
ARE YOU THE SERVER OF THE FOOD?		YES	NO
IF YES, DO YOU HAVE A VALID FOOD HANDLER'S LICENCE?		YES	NO

CLASS 2

PUSHCART (IE. HOTDOG CART)- IF YOU ARE RENEWING MORE THAN 10 CARTS YOU MUST USE A SEPERATE SHEET WITH SEPERATE PAYMENT.

DESCRIPTION OF LOCATION(S) OF PUSHCART – (IE. SOUTHWEST CORNER OF \_\_\_\_AND \_\_\_\_)

**\*\* PLEASE NOTE: IF YOUR LOCATION IS ON CITY PROPERTY, YOU MUST HAVE A VALID AGREEMENT WITH THE CITY OF WINDSOR. THIS AGREEMENT MUST BE RENEWED EACH YEAR\*\***

**PARTICULARS OF INSURANCE**

INSURANCE LIABILITY	\$	EXPIRY DATE (MM/DD/YYYY)	
INSURANCE COMPANY		INSURANCE AGENT	

PLEASE LIST THE NUMBER AND TYPE(S) OF STRUCTURE(S) USED IN CONJUNCTION WITH THE OPERATION OF THE MOBILE VEHICLE.

NUMBER OF REFUSE CONTAINERS		NUMBER OF BEVERAGE COOLERS	
NUMBER OF CHAIRS		NUMBER OF TABLES	

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DATE (MM/DD/YYYY)

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SIGNATURE OF APPLICANT & TITLE