THE CITY OF WINDSOR
ONTARIO, CANADA

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

CLASS 3 (MOTORIZED) – (2 PAGES)

OFFICE USE ONLY
LICENCE #_____

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

CORPORATION NUMBER AND OPERATING NAME:		**PLEASE INDICATE WITH A CHECK MARK:(√)** **Corporation** ☐ **Sole Proprietorship** ☐ **Partnership** ☐	
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 3**	☐	**NEW - $255.00/Each**	☐	**RENEWAL- $255.00/Each**
	CLASS 3, with on-board kitchen	☐	**NEW - $430.00/Each**	☐	**RENEWAL- $430.00/Each**
	TOTAL # OF STRUCTURES	☐	**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?_____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

☐	**Certificate of Incorporation including Directors, if applicable**	☐	**Business Name Registration / Franchise Agreement, if applicable**
☐	**Police Clearance (issued by the municipality where you reside, not older than 30 days, new only)**	☐	**Vehicle Ownership & Safety Standards Certificate**
☐	**Proof of Commercial General Liability Insurance (Minimum $2,000,000)**	☐	**Motor Vehicle Liability Insurance Card- "pink slip"**
☐	**Food Handler's Certificate**	☐	**Propane Approval, if applicable**
☐	**Windsor/Essex Board Of Health Inspection (519-258-2146)**	☐	
☐	**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**		

LOCATION WHERE VEHICLE WILL BE PARKED:

STREET ADDRESS:		**CITY, PROVINCE:**	
		POSTAL CODE:	

THE LICENCE RENEWAL DEADLINE IS JANUARY 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON FEBRUARY 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

NOTE: APPLICATIONS ACCEPTED UNTIL 3:30 PM MONDAY-FRIDAY, EXCEPT HOLIDAYS

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 3 – (MOTORIZED) – PAGE 2

CLASS 3	MOTORIZED VEHICLE – IF YOU ARE RENEWING MORE THAN 10 VEHICLES YOU MUST USE A SEPERATE SHEET WITH SEPERATE PAYMENT.

CITY PLATE #	YEAR	MAKE/MODEL	PROVINCIAL PLATE#	VIN #	ON-BOARD KITCHEN? (Y/N)

PARTICULARS OF INSURANCE

INSURANCE LIABILITY	$	EXPIRY DATE (MM/DD/YYYY)	
INSURANCE COMPANY		POLICY NUMBER	

PLEASE LIST THE NUMBER AND TYPE(S) OF STRUCTURE(S) USED ON A PUBLIC RIGHT-OF-WAY 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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