

Vending Permit Application

Please complete in FULL and return to:

Town of Wolfville - Community Development
200 Dykeland Street | Wolfville | NS | B4P 1A2 |
t: 902-542-3718 f: 902-542-5066

- Vending From Private Property Vending From Public Property

Special Event:

- Mud Creek Days Deep Roots Music Festival
 Valley Harvest Marathon Devour! The Food Film Festival

Start Date _____ End Date _____

THIS SECTION IS FOR OFFICE USE ONLY

Application No: _____

PERMIT FEE: _____ ISSUED: _____

ZONING _____

PID: _____ SITE: _____

Approved Declined Scanned _____

Development Officer



VENDING TYPE

- Mobile Canteen Stand or Mobile Stand Fundraising, Not-for-Profit, or Community Group

CONTACT INFORMATION

Applicant:	_____		
Home Address:	_____		
Business Address:	_____		
Telephone Number:	_____	Mobile Number:	_____
Fax Number:	_____	Email:	_____
Vehicle Registration #	_____	Make:	_____
		Model:	_____
		Year:	_____

PRIVATE PROPERTY OWNER, *If Applicable, requires the owner's signature as consent to use proposed vending location*

Property Owner:	_____	Mobile Number:	_____
Address:	_____		
Telephone Number:	_____		
Email:	_____		

Signature

REQUIREMENTS *(Please complete the checklist below and submit information with this application)*

- | | |
|---|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Letter of Permission (if not property owner) |
| <input type="checkbox"/> Copy of Valid Food Safety Permit | <input type="checkbox"/> Proof of Valid Driver's License |
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> Photograph of Vehicle or Stand |
| <input type="checkbox"/> Proof of Fire Inspection | <input type="checkbox"/> Installed Minimum Rated 2A10BC Fire Extinguisher |

Description of Location, Restrooms, and Sanitary Facilities (If applicable)	_____
Description of How Power will be Provided to the Location	_____
Description of Food & Beverage or Merchandise sold	_____
Description of any Planned Signage and its location	_____

ADDITIONAL CONDITIONS

DECLARATION

I DO SOLEMMLY DECLARE:

1. THAT I AM THE AUTHORIZED AGENT OF THE OWNER/ THE OWNER NAMED IN THE APPLICATION FOR A PERMIT, HERETO ATTACHED.
2. THAT ANY INFORMATION SUBMITTED AND/OR STATEMENTS HEREIN CONTAINED IN THIS APPLICATION ARE TRUE AND MADE WITH A FULL KNOWLEDGE OF THE CIRCUMSTANCES CONNECTED WITH THE SAME.
3. THE APPLICANT/LICENSE HOLDER SHALL BE FAMILIAR WITH AND ABIDE BY ALL VENDING REGULATIONS IN ACCORDANCE WITH BYLAW 99 AND ANY OTHER BYLAW(S) THAT ARE ASSOCIATED WITH BYLAW 99.
4. THAT I KNOW OF NO REASON WHY THIS PERMIT SHOULD NOT BE GRANTED TO ME IN THE PURSUANCE OF THIS APPLICATION, AND MAKING THIS DECLARATION CONSCIENTIOUSLY BELEIVING IT TO BE TRUE, AND **I HEREBY MAKE APPLICATION FOR THIS PERMIT.**

Signature of Applicant: _____ Date: _____