

TOWNSHIP OF WOOLWICH

69 Arthur Street South, Elmira, Ontario - (519) 669-1647 or (519) 664-2613

APPLICATION FOR OUTDOOR VENDOR LICENCE

NEW APPLICATION:

APPLICATION FOR RENEWAL:

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NO: _____

POSTAL CODE: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

POSTAL CODE: _____

TYPE OF SALES: FOOD VENDOR:

NON-FOOD VENDOR:

TYPE OF NON-FOOD GOODS FOR SALE: _____

TYPE OF FOOD PRODUCT FOR SALE: _____

LOCATION OF VENDOR: _____

DATE OF OPERATION: _____

PLEASE ATTACH THE FOLLOWING INFORMATION TO THE APPLICATION:

(All paperwork must be attached before the Township will accept the application and fee)

1. LIST OF NAMES OF EMPLOYEES & ADDRESSES

2. PROOF OF INSURANCE (MUST BE COVERAGE FOR \$2 MILLION)

(insurance is required if location is on municipal property)

3. LETTER FROM PROPERTY OWNER AUTHORIZING THE APPLICANT TO
CONDUCT SUCH BUSINESS FROM PROPERTY (required if located on private property)

4. PROOF OF INSPECTION OF THE CART OR STAND BY THE FIRE CHIEF

5. PROOF OF INSPECTION OF THE CART OR STAND BY THE MEDICAL
OFFICER OF HEALTH

6. SERIAL NUMBER OF CART: _____

CERTIFICATE OF APPLICANT

PROVINCE OF ONTARIO
JUDICIAL DISTRICT OF WATERLOO
TO WIT:

)
)
)

IN THE MATTER OF an application for the
grant of an Outdoor Vendors Licence

I, _____ of the _____ of _____

in the _____ of _____ solemnly declare that all
of the statements contained in this application are true and I make this solemn declaration conscientiously, believing it to
be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence
Act.

DECLARED before me at the _____)
of _____ in the _____)
_____ of _____)
_____. Dated this _____)
day of _____ 19 _____.)
)
)
)

SIGNATURE OF APPLICANT

A Commissioner, etc.

PROPERTY OWNER AUTHORIZATION

I/We, _____ hereby authorize _____
(name of owners) (name of applicant)

to operate as an outdoor vendor from this property located at

Witness _____ Signed _____

Date: _____

Telephone No.: _____

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FOR OFFICE USE ONLY

FEE: _____ RECEIPT # _____ LICENCE #: _____

DATE ISSUED: _____

EXPIRY DATE: _____