



**TOWNSHIP OF WOOLWICH**  
 24 Church Street West, P.O. Box 158, Elmira, Ontario N3B 2Z6  
 Tel: 519-669-1647 or 519-664-2613  
 Fax: 519-669-1820

**APPLICATION FOR OUTDOOR VENDOR LICENCE (CHIP WAGON)**

New application

Renewal

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: \_\_\_\_\_

Type of Sales: Food Vendor

Non-Food Vendor

Type of Food Product for Sale \_\_\_\_\_

Type of Non-Food Products 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
2. Proof of Insurance (required if location is on municipal property)  
 - coverage for \$2 Million required
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 department
5. Proof of Inspection of the cart or stand by the Regional Health Unit
6. Serial Number of Cart \_\_\_\_\_

**CERTIFICATE OF APPLICANT**

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.

\_\_\_\_\_  
 Signature of Applicant



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**PROPERTY OWNER AUTHORIZATION**

I/We, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(name of owners) (name of application)

to operate as an outdoor vendor from this property located at \_\_\_\_\_  
(address)

Witness \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Tel. \_\_\_\_\_

**FOR OFFICE USE ONLY**

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Fee \_\_\_\_\_ Receipt \_\_\_\_\_ License # \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiry \_\_\_\_\_