



**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 (HOT DOG CART)**

New application

Renewal

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_



**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

**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: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**



**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

---

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

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