



Application to Operate a Refreshment Vehicle in the Municipality of Meaford

Applicant must complete all questions on this form. Please print.

Name of Applicant:		Home Phone #: ()
Home Address:		Cell Phone #: ()
Municipality/Village:		Postal Code:
Driver's Licence Number:	Class:	Expiry Date:

Name of Business:	
Address/Location of Refreshment Vehicle:	
Municipality/Village:	Postal Code:
Email and or Website:	Company Phone: ()

Type of Refreshment Vehicle:

Class A (\$500): Class B (\$500): Class C (\$500): Class D (\$250): Class E (\$250):

Make & Model of Refreshment Vehicle: _____

Provincial Plate: _____

Year of Vehicle: _____ VIN # _____

1) Is this Refreshment Vehicle located at least 250-300 metres from any municipal park, school ground, or eating establishment including other Refreshment Vehicles? Yes: No:

2) Does this business have any outstanding corrective action orders or non-compliance issues under any Federal, Provincial or Municipal Acts, Regulations or By-laws? Yes: No:

Please Specify: _____

3) Has any current owner, partner or shareholder of this business ever been convicted under any Federal or Provincial Act within the last 5 years for which a pardon has not been received? Yes: No:

Please Specify: _____

Please submit this application with the following documents:

- | |
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| 1) Proof of zoning compliance and sketch indicating location of refreshment vehicle; |
| 2) Building Department – permit or approval (if applicable) ; |
| 3) Inspection report from Fire Department (if applicable); |
| 4) Copy of Ministry of Transportation (MTO) Entrance Permit/Operations Department approval; |
| 5) Inspection report (compliance) from Health Unit; ; |
| 6) Copy of Propane Fitter's Certificate (TSSA) - (if applicable); |
| 7) Copy of Commercial General Liability Insurance, minimum of \$2 million and vehicle insurance; |
| 8) Criminal Reference Check for each operator, owner, partner and/or shareholder of the corporation; |
| 9) Proof of property ownership or letter of permission to operate business on owner's property; and |
| 10) Copy of Ontario Master Business Licence/Business Registration; |

TO: Clerk of the Municipality of Meaford located at: 21 Trowbridge Street West, Meaford, ON N4L 1A1

(Additional documents deemed pertinent in the granting of this application may be required at the request of the Clerk)

I authorize the Municipality of Meaford to release my contact information to any person inquiring about using the services of my refreshment vehicle? Yes: No:

INDEMNIFICATION AGREEMENT

I, the undersigned, agree that I shall at all times indemnify and save harmless the Corporation of the Municipality of Meaford, its employees and Members of Council from and against any and all manner of claims, demands, losses, actions and other proceedings whatsoever made or brought against, suffered by, or imposed on the Municipality in respect of any loss, damage or injury to any person or property, which are occasioned by or attributable to the issuance of this license or operation of the business.

X _____
Signature of Applicant

Date of Signature

DECLARATION

I, the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the Municipality of Meaford, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath. I also hereby agree to authorize the Municipality of Meaford to release any information which is deemed pertinent in the granting of this application.

X _____
Signature of Applicant

Date of Signature

The personal information on this form is being collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act*, for the principle purpose of processing this application. Questions about this collection should be directed to the Municipal Clerk at (519)538-1060.

Office Use Only:

- Receipt Number: _____ Not applicable
- Zoning Clearance: Yes Initials: _____ No
- Building Department Yes Initials: _____ No Not applicable
- Fire Department Yes Initials: _____ No Not applicable
- Operations Dept. Yes Initials: _____ No Not applicable
- MLEO Yes Initials: _____ No Not applicable
- MTO Yes Initials: _____ No Not applicable
- Propane (TSSA) Yes Initials: _____ No Not applicable
- Site Diagram/Sketch: Yes No
- Permission to operate on private property: Yes No Not applicable
- Certificate of Insurance: Yes No Not applicable
- Criminal Ref. Check: Yes No Not applicable
- Business Registration: Yes No Not applicable
- Permission of Council: Yes No Not applicable
- Licence Number issued: _____