THE CITY OF WINDSOR
ONTARIO, CANADA

OFFICE OF THE CITY CLERK
Policy, Gaming & Licensing
350 City Hall Square West - Suite 110
Windsor, ON N9A 6S1
Ph: 519-255-6200, Option 1 Fax: 519-255-6868
www.citywindsor.ca

MOBILE VENDOR OF FOOD APPLICATION

OFFICE USE ONLY
LICENCE #_____

CLASS 2 (PUSHCART) – (2 PAGES)

APPLICANT NAME AND ADDRESS

APPLICANT NAME:		**DATE OF BIRTH:**	**(MM/DD/YYYY)**
STREET ADDRESS:		**HOME PHONE:**	
		CELL PHONE:	
CITY, PROVINCE:		**POSTAL CODE:**	

BUSINESS NAME AND ADDRESS

NAME UNDER WHICH BUSINESS OPERATES:		**PLEASE INDICATE WITH A CHECK MARK:(√)** **Corporation** ☐ **Sole Proprietorship** ☐ **Partnership** ☐	
STREET ADDRESS:		**BUS. PHONE:**	
		EMAIL ADDRESS:	
CITY, PROVINCE:		**POSTAL CODE:**	

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:

STREET ADDRESS:		**CITY, PROVINCE:**	
		POSTAL CODE:	

LICENCE CATEGORY		**LICENCE FEES**			
MOBILE VENDOR OF FOOD	**CLASS 2 (PUSHCART)**	☐	**NEW - $255.00/Each**	☐	**RENEWAL-$255.00/Each**
	TOTAL # OF STRUCTURES	☐	**NEW - $10.00/Each**	☐	**RENEWAL - $10.00/Each**

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)?
YES ☐ **NO** ☐ **IF YES: What type?**_____

What year?_____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY?
YES ☐ **NO** ☐ **IF YES: Year?**_____

Location?_____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

☐	**Police Clearance (**Original, not more than 30 days old & issued by municipality you reside)***	☐	**Site Plan, new only**
☐	**Windsor/Essex Board of Health Certificate (519-258-2146)**	☐	**Food Handler's Certificate, if serving food**
☐	**Propane Approval**	☐	**Photo & Dimensions of Vehicle, new only**
☐	**Business Name Registration /Franchise Agreement, if applicable**	☐	**Certificate of Incorporation including Directors, if applicable**
☐	**Proof of Work Status**		
☐	**Valid Photo Identification**		***(2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.***

DEPARTMENT DISTRIBUTION ONLY:

☐	**By-Law Enforcement – For Location Inspection & Approval of Cart**

THE LICENCE RENEWAL DEADLINE IS JANUARY 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON FEBRUARY 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

NOTE: APPLICATIONS ACCEPTED UNTIL 3:30 PM MONDAY-FRIDAY, EXCEPT HOLIDAYS

THE ABOVE ARE THE ONLY BUSINESSES OPERATED AT THESE PREMISES WHICH REQUIRE A MUNICIPAL LICENCE IN ACCORDANCE WITH THE BY-LAWS OF THE MUNICIPALITY.

I, _____, ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION IN THE CITY OF WINDSOR UNTIL THE FORMAL LICENCE IS ISSUED TO ME.

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municipal Act, City of Windsor Act, and City of Windsor Licensing By-law 395-2004. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.

_____ **DATE (MM/DD/YYYY)**

_____ **SIGNATURE OF APPLICANT & TITLE**

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CLASS 2 (PUSHCART) – PAGE 2

WHERE ARE THE VEHICLE(S) BEING STORED AND OR PARKED?				
ARE YOU THE SERVER OF THE FOOD?		**YES**		**NO**
IF YES, DO YOU HAVE A VALID FOOD HANDLER'S LICENCE?		**YES**		**NO**

CLASS 2	**PUSHCART (IE. HOTDOG CART)- IF YOU ARE RENEWING MORE THAN 10 CARTS YOU MUST USE A SEPERATE SHEET WITH SEPERATE PAYMENT.**

DESCRIPTION OF LOCATION(S) OF PUSHCART – (IE. SOUTHWEST CORNER OF ____AND ____)

**** PLEASE NOTE: IF YOUR LOCATION IS ON CITY PROPERTY, YOU MUST HAVE A VALID AGREEMENT WITH THE CITY OF WINDSOR. THIS AGREEMENT MUST BE RENEWED EACH YEAR****

PARTICULARS OF INSURANCE

INSURANCE LIABILITY	**$**	**EXPIRY DATE (MM/DD/YYYY)**	
INSURANCE COMPANY		**INSURANCE AGENT**	

PLEASE LIST THE NUMBER AND TYPE(S) OF STRUCTURE(S) USED IN CONJUNCTION WITH THE OPERATION OF THE MOBILE VEHICLE.

	NUMBER OF REFUSE CONTAINERS		**NUMBER OF BEVERAGE COOLERS**
	NUMBER OF CHAIRS		**NUMBER OF TABLES**

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_____ _____

DATE (MM/DD/YYYY) **SIGNATURE OF APPLICANT & TITLE**