

	PERS – Mobile Vending License Application	Planning, Engineering & Regulatory Services
	Mobile Vending License Application	

Contact Information (to be completed by the applicant)	SECTION 1
Trade Name _____	
Legal Business Name _____	
Applicant Name _____	
Mailing Address _____ Postal Code _____	
Owner's Name (if different than applicant) _____	
Telephone (Daytime) _____ Email _____	

Vending Unit Information	SECTION 2
<p><u>Note: one application required per vending unit.</u></p> <p>Is this a renewal of a previous License?:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide license number _____ </p> <p>Type: Annual Temporary Transient Dealer's License</p> <p>Description of mobile vending unit (e.g. cart, stand, motor vehicle) (A detailed description indicating exact dimensions and/or photograph(s) must be attached.)</p> <p>Proposed location of vending business</p> <p>Propose storage location (approved commercial storage space is available for carts, bikes, vehicles, etc.)</p>	

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Attachments	SECTION 3			
<p>The following information must accompany this application (missing information may result in delays):</p> <ul style="list-style-type: none"> Provincial Food Preparation Licence issued by the Government of NL Approval from the St. John's Regional Fire Department (units containing a cooking apparatus) Proof of insurance Vehicle registration if applicable Permission letter from property owner if operating on private property <p>Applicable fees (licensing period: May 1st - April 30th) must be paid prior to issuing the license.</p> <p>For additional information please see the St. John's Mobile Vending By-Law: By-Laws And Regulations (stjohns.ca)</p>				
Privacy Statement	SECTION 4			
<p>Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your Mobile Vending License Application. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.</p>				
Declaration of Applicant	SECTION 5			
<p>I hereby acknowledge that I read this application and state that the information contained herein is correct.</p> <p>Signature of Applicant _____ Date(yyyy-mm-dd) _____</p> <p>Signature of Business Owner _____ Date(yyyy-mm-dd) _____</p>				
<table border="0"> <tr> <td data-bbox="66 1564 568 1837">Please submit completed application to:</td> <td data-bbox="568 1564 1104 1837"> Access St. John's 10 New Gower Street P.O. Box 908 St. John's, NL A1C 5M2 or Email: access@stjohns.ca </td> <td data-bbox="1104 1564 1567 1837"> For more information, contact: Email: access@stjohns.ca Fax: 709-576-8160 Call: 709-576-8565 </td> </tr> </table>		Please submit completed application to:	Access St. John's 10 New Gower Street P.O. Box 908 St. John's, NL A1C 5M2 or Email: access@stjohns.ca	For more information, contact: Email: access@stjohns.ca Fax: 709-576-8160 Call: 709-576-8565
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