

# City of Wetaskiwin

## Vendor Licence Application

*Food trucks, mobile vendors, farmers market vendors, etc.*

Note:

- *Vending permits are required for mobile vendors that temporarily sell goods or services from a temporary location in any place where the public has an expected right of access.*

Vendor Permit
<b>1. Vendor Permit Requirements</b>
1.1. Vendor Permit Application Form
1.2. Locations of operation and a site plan indicating the proposed siting location of the business
1.3. Letter of consent of property owners of locations of operations
1.4. Copy of the Food Handling Permit for the vending unit (if necessary)
1.5. Completed inspection from the City of Wetaskiwin Fire Services (mobile food vendors)
1.6. A picture of the vending unit
1.7. Insurance Documentation

Applications can be:

1. Digitally submitted to [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)
2. Dropped off at 4705 50<sup>th</sup> Avenue, Wetaskiwin
3. Mailed to 4705 50 Avenue, Wetaskiwin, Box 6210, T9A 2E9 addressed to Development Services

For more information, call 780.361.4400 or e-mail [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)

Application Date:

BL File:

## BUSINESS LICENSE APPLICATION

New Business:	Change of Information:	Renew Inactive Business License:
<b>1. Business Address:</b>		
Address:	Plan:	Block:
City:	Province:	Postal Code:
		Lot:
		Zoning:
<b>2. Business Information:</b>		
Legal Company Name:	Operating Company Name:	
Business Description:		
Business Phone:	Business email:	
# of Full-Time Employees:	# of Part-Time Employees:	
What date will the business start:	Property Owner or Tenant:	
Is this business registered through the Provincial Registrar’s Office?      Yes:                      No:		
- If yes, a copy of the business registration is required with the application.		
Will this business require additional licenses?      Yes:                      No:		
- If “yes,” which license is required?		
Will the business have a liquor license?      Yes:                      No:		
- If “yes,” will minors be prohibited at any time during operations?      Yes:                      No:		
- If “yes,” what hours will a minor be prohibited?		
Will the business have an outdoor patio?      Yes:                      No:		
- If “yes,” will it serve liquor on the patio?      Yes:                      No:		
Home Based?      Yes:                      No:	If yes, DP File Number:	
<b>3. Change of Information:</b>		
If this is a change of information, what information has changed:		
<b>4. City Information Services:</b>		
The City of Wetaskiwin and its partners place business information online so citizens can locate businesses and service providers. Please confirm your desire to receive relevant business tips, information and whether you would like to share your business.		
Send me City-related information		
Advertise my business on the City’s website		
Share my business information with the Chamber of Commerce		
Application cont. on next page.		

5. Owner/Head Office Information:		6. Applicant's Signature:	
Name:		<hr/> Applicant Signature	
Address:			
City:			
Province:	Postal Code:	<hr/> Application Date	
Phone:			
Email:			

Unless otherwise noted, the applicant will receive electronic notification.

*The personal information collected on this form is being collected under the authority of Sections 33, 39 (1)(a)(b) and 40 (1) (a)(b)(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) , and Section 301.1 of the Municipal Government Act RSA 2000 (MGA). The information collected will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities within the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the FOIP Coordinator at 780.361.4400.*

City Use Only:	
Date Received:	Received By:
Fees Received:	Receipt Number
Notes:	

**SCHEDULE "C":  
VENDING PERMIT APPLICATION FORM**

**APPLICATION DATE:** \_\_\_\_\_

**PRINCIPAL OWNER/LICENSEE INFORMATION:**

TRADE OR BUSINESS NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

**VENDOR UNIT TYPE:**

Each vending unit requires a separate application. Select the vending unit type below that best describes your unit and fill out the vehicle registration information if required:

FOOD & BEVERAGE TRUCK

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOUR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

TRAILER

LICENSE PLATE: \_\_\_\_\_

SIDEWALK CART

TABLE

OTHER

If OTHER, describe your unit:

**PRODUCTS/SERVICE**

List the feature products and/or services you intend to provide:

**SCHEDULE "C" continued:**

**APPLICATION DATE:** \_\_\_\_\_

**LOCATION:**

List the location(s) of operation you are requesting for the vending unit below. By selecting the "OR" option between locations you will indicate you are providing several locations of interest and would only like to operate at one. By selecting the "AND" option between locations you will indicate you wish to receive one permit for multiple locations. List locations by descending order of preference with Location 1 being most preferable.

Location 1:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 2:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 3:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 4:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 5:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

**SCHEDULE “C” continued:**

Processing may take up to 10 days. To minimize delays in processing, ensure the following requirements are met:

This form is *fully* completed.

Map showing proposed area(s).

A letter of consent from property owners of ALL locations on private property or in front of a business.

A business license has been obtained and the business license number is provided  
Insurance documentation displaying the amount and expiration date of the coverage is attached (Minimum \$2,000,000 (two million dollars) of General Public Comprehensive Liability Insurance).

A copy of the Food Handling Permit for the vending unit is attached (if preparing and/or distributing food).

A picture of the vending unit is provided.

I, \_\_\_\_\_, am the person whose name appears directly above and I have the authority to make this application on behalf of the named business. I have fully and accurately completed this application form. I have read the Vendor Terms and Conditions and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date