

Applicant

☐ New ☐ Renewal

First Name Last Name

Street Address Unit #

City Province Ontario Postal Code

Home Phone # Business Phone # Extension

Fax # Email Address

Corporation/Partnership Name

Business Name

Street Address Unit #

City Province Ontario Postal Code

Business Phone # Extension Fax #

Email Address

List of food items to be served. Please attach a separate page if necessary.

Additional page attached? ☐ Yes ☐ No

Particulars of Location (specific location to be used for Refreshment Vehicle)

Location

Applicant Notes

☒ All licences are not transferable.

☐ Fees for a Refreshment Vehicle licence shall be \$546.00 per calendar year or \$56.00 per day/location for a temporary use and/or location.

☐ No person shall operate or carry on or allow to operate or carry on as a Refreshment Vehicle without holding a current valid licence issued under the provisions of this by-law.

☐ No one shall sell any goods, wares, merchandise or foodstuffs other than those indicated on the licence.

Applicant Notes

- ☐ Any person required to be licenced pursuant to this By-law shall, at all times while carrying on the business of a Refreshment Vehicle, have the Licence displayed in a conspicuous place and shall upon demand, exhibit it to any Municipal Law Enforcement Officer, Peace Officer, or to any person to whom the Refreshment Vehicle is offering goods for sale.
- ☐ Refreshment Vehicle licences shall not be issued unless the City of Pickering's Consolidated Zoning By-law 8149/24 permits the sale of food items from the location specified on the application.
- ☐ When a location is being utilized which is not the property of the applicant a letter of authorization from the property owner must be submitted with this application.

Declaration

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief. Affix Corporate Seal over applicant signature if Corporate Applicant.

Date Fee (as per rates above) Receipt #

Applicant's Name (please print) _____

Position of Signatory _____

Applicant's Signature _____

Office Use Only			
Zoning			
<input type="checkbox"/> Approved			
<input type="checkbox"/> Denied	Date _____	By _____	
Clerk's Office			
<input type="checkbox"/> Approved			
<input type="checkbox"/> Denied	Date _____	By _____	
Licence # _____	Date Issued _____	Issued By _____	
<input type="checkbox"/> Copy of Consent from Property Owner	Date Paid _____	Amount Paid \$ _____	

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to process this application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.