

VENDING PERMIT APPLICATION FORM

Principal Owner/Licencee Information

TRADE OR BUSINESS NAME: _____

LAST NAME: _____ FIRST NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

BUSINESS PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ BUSINESS LICENCE # (e.g. 7375468-001): _____

When you apply, personal information may be collected under the authority of Section 33 of the Alberta Freedom of Information and Protection of Privacy Act, Section 301.1 of the Municipal Government Act and/or Section 63 of the Safety Codes Act. The information will be used to process your application(s) and your name and address may be included on the reports that are available to the public. If you have any questions, please contact a Service Advisor at the Current Planning Service Centre under the number 780-442-5054.

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:

☐ ICE CREAM TRUCK

Make: _____ Model: _____ Year: _____ Colour: _____ Licence Plate: _____

☐ FOOD TRUCK

Make: _____ Model: _____ Year: _____ Colour: _____ Licence Plate: _____

☐ SIDEWALK CART

Licence Plate: _____

☐ TRAILER

Licence Plate: _____

☐ TABLE

☐ OTHER

If OTHER, describe your unit: _____

Products/Services

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

Location

List the location(s) and hours 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 Example:

Street: _____ Avenue: _____ Corner: _____ OR Named Location: _____
Start Time: _____ End Time: _____ Start Date: End Date: Days of Week: S M T W T F S
Meter # (if applicable, e.g. J345): _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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
Meter # (if applicable, e.g. J345): _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ 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
Meter # (if applicable, e.g. J345): _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ 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
Meter # (if applicable, e.g. J345): _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐

I, _____ (full name):

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

Checklist

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

- ☐ This form is *fully* completed
☐ A business licence has been obtained and the business licence number is provided
☐ Insurance documentation displaying the amount and expiration date of the coverage is attached (Minimum of \$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 distributing food other than fresh fruit vegetables)
☐ A picture of the vending unit is provided

Please email, drop off or mail your application to:

Current Planning Service Centre

5th Floor, 10250 101 Street Service Line: 780-442-5054
Edmonton, Alberta T5J 3P4 streetvending@edmonton.ca