



## Refreshment Vehicle - Water and Wastewater Information

Please complete this form and return with your application.

### Refreshment Vehicle Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner/Operation Name: \_\_\_\_\_

Owner/Operator Phone Number: \_\_\_\_\_

Owner/Operator Email: \_\_\_\_\_

### Water and Wastewater Information

What is the source of your fresh water? ☐ Well ☐ Municipal water

☐ Other: \_\_\_\_\_

How do you dispose of your wastewater? ☐ Septic ☐ Municipal sewer ☐ Holding Tank

☐ Other: \_\_\_\_\_

### Holding Tank Information (if applicable)

Is the holding tank: ☐ in-ground ☐ above ground

Holding Tank Registration Number: \_\_\_\_\_

### Declaration

By signing below, I declare that all information provided on this form is accurate and true to the best of my knowledge and belief.

X \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date of Signature

### OFFICE USE ONLY

Licence Number: \_\_\_\_\_

Notes: \_\_\_\_\_

The personal information on this form is being collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Municipal Act, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at [Clerks@Kawarthalakes.ca](mailto:Clerks@Kawarthalakes.ca)