

Application to Operate a Refreshment Vehicle in the City of Kawartha Lakes

Name of Applicant:	Home Phone #: ()
Home Address:	
Town/Village:	
Driver's Licence Number:	
Name of Business:	
Address/Location of Refreshment Vehicle:	
Town/Village: Postal Code:	
Email: Website:	
Is this Refreshment Vehicle located at least 100 metres from any municipus Refreshment Vehicles?	
Does this business have any outstanding corrective action orders or non-Regulations or By-laws?	·
Please Specify:	
Has any current owner, partner or shareholder of this business ever beer for which a pardon has not been received?	Yes: □ No: □
Is property from which the refreshment vehicle is to be operated located	adjacent to a provincial highway? Yes: □ No: □
Type of Refreshment Vehicle: Chip Truck: □ Catering Truck: □ Hot Dog Cart: □ Ice Cream Cart: □	□ Popcorn Cart: □ Other: □
Make & Model of Refreshment Vehicle:	
Year of Vehicle: Vehicle Identification #:	
Please submit this application with the following documents along	
 Proof of permission to operate business on owner's property; Proof of Ownership of refreshment Vehicle; Copy of Commercial General Liability Insurance, with minimum of \$2 Million and vehicle insurance; Copy of Ministry of Transportation Entrance Permit if applicable; Copy of Ontario Master Business Licence/Registration; Water and Waste Water Information Form; 	7) Inspection report from Health Unit with a Pass Rating; 8) Inspection report from Fire Services with Pass Rating; 9) Copy and Proof of Exhaust Cleaning; 10) Kitchen Fire Suppression System Inspection Report – Pass; 11) Copy of Propane Fitter's Annual Inspection – T.S.S.A.; 12) Fire Inspection Fee in accordance with Fees By-Law; and 13) License Fee in accordance with the Fees By-Law.
(All Additional documents deemed pertinent in the granting of thi I authorise the City of Kawartha Lakes to release my contact inforefreshment vehicle?	
INDEMNIFICATION	
I, the undersigned, agree that I shall at all times indemnify and save hard Members of Council from and against any and all manner of claims, dema against, suffered by, or imposed on the City in respect of any loss, day attributable to the issuance of this license or operation of the business.	mless the Corporation of the City of Kawartha Lakes, its employees and ands, losses, actions and other proceedings whatsoever made or brough
X	
Signature of Applicant	Date of Signature
DECLAI I, the undersigned, do solemnly declare that all information provided in a adhere to all relevant by-laws, rules and regulations, matters and things applicable federal or provincial legislation or regulation in effect, enact conscientiously knowing that it is of the same force and effect as if made to release any information which is deemed pertinent in the granting of the	and with this application is factual and correct and agree to abide by an a sa are, or may be enacted by the City of Kawartha Lakes, and to an ed, or amended, from time to time, and make this solemn declaratio under oath. I also hereby agree to authorise the City of Kawartha Lake
x	
XSignature of Applicant	Date of Signature
The personal information on this form is being collected pursuant to the <i>I</i>	Municipal Freedom of Information and Protection of Privacy Act and the

Municipal Law & Licensing Clerk, City of Kawartha Lakes, 37 Lindsay, St South Lindsay, Ontario Phone: (705) 324-9411 ext. 1328

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