

## 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:



DEVELOPMENT SERVICES (Edmonton Tower)  
 2nd FLOOR, 10111 - 104 Avenue NW  
 EDMONTON, ALBERTA T5J 0J4  
 PHONE: 311 or if outside Edmonton: 780-442-5311  
 EMAIL: streetvending@edmonton.ca

## 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: 101 Street Avenue: 102A Avenue Corner: SW OR Named Location: N/A

Start Time: 8:00 End Time: 16:00 Start Date: 14-Apr-13 End Date: 30-Sep-13 Days of Week: S M T W T F S

Meter # (if applicable, e.g. J345): N/A

### 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:

#### Edmonton Service Centre

2nd Floor, 10111 104 Avenue NW  
 Edmonton, Alberta T5J 0J4

Service Line: 780-442-5054  
 Email: streetvending@edmonton.ca