



PLEASE PRINT

PER - 3023

Department of Planning, Engineering and Regulatory Services

**MOBILE VENDING PERMIT APPLICATION**

**CONTACT INFORMATION (to be completed by the applicant)**

**SECTION 1**

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Owner's Name (if different than applicant) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

**For office use only:**

Roll/Parcel ID # \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

**VENDING UNIT INFORMATION**

**SECTION 2**

Number of vending unit(s) applied for at this time \_\_\_\_\_

Type:            Annual            Temporary            Transient Dealer's License            Include duration \_\_\_\_\_

Description of mobile vending unit(s) (e.g. cart, stand, motor vehicle)  
A detailed description indicating exact dimensions and/or photograph(s) must be attached \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed location of vending business \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed storage location (approved commercial storage space is available for carts, bikes, vehicles, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMIT DETAILS** **SECTION 3**

Is this a renewal of a previous Permit?    Yes            No            If yes, please state last permit # \_\_\_\_\_

**ADDITIONAL INFORMATION** **SECTION 4**

- The following information must accompany this application:**
- Approval from the Provincial Department of Health (for all food items)
  - Approval from the Regional Fire Department (for all machines containing a cooking apparatus)
  - Certification from a recognized Propane Agency (for all propane installations)
  - Payment of [applicable fees](#) (licensing period: May 1<sup>st</sup> – April 30<sup>th</sup>)

**DECLARATION OF APPLICANT (please refer to Section 3)** **SECTION 5**

I hereby acknowledge that I read this application and state that the information contained herein is correct.

Signature of Applicant \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

Please mail completed form to:	Access St. John's, 1 <sup>st</sup> Floor City Hall 10 New Gower Street P.O. Box 908 St. John's, NL A1C 5M2	Call: 311 or 709-574-2489 Where 311 is unavailable, call 709-754-CITY (2489) Fax: 709-576-7688 Email: <a href="mailto:service@stjohns.ca">service@stjohns.ca</a>
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