



PER - 3023

Department of Planning, Engineering and Regulatory Services

MOBILE VENDING PERMIT APPLICATION

CONTACT INFORMATION (to be completed by the applicant)

SECTION 1

Trade Name _____

Applicant Name _____

Mailing Address _____ Postal Code _____

Owner's Name (if different than applicant) _____

Telephone (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

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 1st – April 30th)

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 st 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: service@stjohns.ca
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NEWFOUNDLAND AND LABRADOR, CANADA