



PLEASE PRINT

PER - 3223

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 (Daytime) _____ (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 Last permit # _____

No



Attachments **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)

Privacy Notice **SECTION 5**

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Declaration of Applicant **SECTION 6**

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 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2	Email: service@stjohns.ca Fax: 709-576-7688 Call: 311 or 709-754-2489
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