



"A Place For All Seasons"

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APPLICATION FOR LICENSE
MOBILE FOOD SALES AND SIMILAR ENTERPRISES

BY-LAW NO. 21-2006, AS AMENDED

APPLICANT NAME: _____

BUSINESS NAME (IF APPLICABLE): _____

MAILING ADDRESS: _____

TELEPHONE: _____

DRIVERS LICENSE NUMBER: _____ VEHICLE PLATE NUMBER: _____

BUSINESS LOCATION (IF STATIONARY): _____

DESCRIPTION OF MOBILE BUSINESS AND PRODUCTS TO BE
SOLD:

REQUIRED DOCUMENTATION TO ACCOMPANY THE APPLICATION:

- APPROVAL FROM HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
- APPROVAL FROM TOWN OF BANCROFT FIRE CHIEF
- PROOF OF COMPLIANCE WITH THE TECHNICAL STANDARDS & SAFETY AUTHORITY
- PROOF OF \$1,000,000.00 PUBLIC LIABILITY INSURANCE
- \$328.25 LICENSING FEE (\$300.00 FEE + \$25.00 ADMIN. FEE + \$3.25 HST = \$328.25)

SIGNATURE OF APPLICANT: _____ DATE: _____