

Phone: (613) 774-2105 Fax: (613) 774-5699 info@northdundas.com www.northdundas.com

		Applicant Inform	ation	
Full Name:				Date:
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		Provin	ce Postal Code
Phone:		Email:		
*If the a	pplicant is a part	nership or corporation the partnership or co		ame and address of
Name of Corporat	Partnership or ion:			
Address:				
	Street Address			Apartment/Unit #
	City		Provin	ce Postal Code
Phone:		Email:		
		Vehicle Informa		
		Vernole illiorilla	License Plate	
Make:	Mod	del:	Number:	
List of a refreshm	II equipment to b	e used in preparation,	storage, and di	ispensing of



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		Cert	ificatio	n		
T					by certify that all of	
and true. Full	lied above, toge	ether with	the plar	n submitte	ed (if applicable), is	accurate
Signature:						
Date:						
	Fee	es & Payn	nent - C	Office Use	;	
Fee:		Payment	Cash		ebit	
License Number:	Receipt	::	Expiry	Date:	Date Issued:	
	_	Location	of Ope	ration		
Address:			-			
	Street Addres	SS				
	City				Province Posta	I Code
Prop	erty Owner (If	not owne	er of the	e Mobile	Food Premise) :	
Property Owner Name:					Date:	
Dranarti (Outroor	Last	First			M.I.	
Property Owner Contact						
Information:	Phone:		Email:_			
1. Has the Property Owner provided written consent for the Mobile Food Premise, in this application, to operate at the address indicated above:						
2. The Property if the operation or conformance with regulations, the F be liable:	f the MFP is no n the Township	t in		∐YES	□NO	



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Property Owner	r (If not owne	r of MFP):			
I		company th	of Operation", (if is application wit		s accurate and
Signature:					
Б .					
	Alte	rnate Loca	ation (if applical	ble)	
Complete this s location:	section if the	same MFP	will be operatir	ig in more th	nan one (1)
Address:					
	Street Address				
	City			Province	Postal Code
Own			NOT the owner o		erty Owner: The ving:*
Property Owner Name:				Date	e:
Property Owner Contact	Last	First		M.I.	
Information:	Phone:		Email		
1. Has the Prop written consent f Premise, in this a the address indic	or the Mobile I application, to	Food	YES		10
2. The Property if the operation of conformance with regulations, the liable:	of the MFP is n h the Townshi	ot in p	□YES		10



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Prope	erty Own	er (If r	not own	er of	MFP):
i i Opc	JILY CVVI	(11 1		CI CI	

	hereby certify that all of the nation supplied in section "Location of Operation", (if applicable), is accurate and nd a written letter will accompany this application with my consent.
Signa	ture:
Date:	
	Application Checklist:
	e Food Premise Operator/Owners are required to provide all the following, plicable, with this Licence Application Form;
	Proof of Public Health Unit approval;
	Proof of compliance with TSSA regulations (where applicable);
	Certificate from a provincially certified propane contractor attesting to the fact that the equipment used in relation to the consumption of propane or natural gas, conforms to the Ontario Propane Storage, Handling and Utilization Code (where applicable);
	A copy of the applicants' valid driver's licence (where applicable);
	A copy of the mobile food premise ownership (where applicable);
	A copy of automobile insurance (where applicable);
	A photo of the mobile food premise;
	Proof of liability insurance (not less than \$2,000,000.00);
	A plan for the containment and disposal of grey water, grease, and garbage;
	Written permission from the owner of the private property on which the Mobile food premise will be situated;
	A site plan depicting the location of the following from the mobile food premise;
	 any buildings on the property;



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- o distance to neighbouring properties;
- o roadways abutting the property;
- all access to property from roadway;
- o available parking areas; and
- o garbage receptacles.
- □ Proof of approval from the Fire Department Chief;
- ☐ The fee for a mobile food premise Licence as per Schedule "A".



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Mobile Food Premise (MFP) Licence Application

Drawing

Complete Site Drawing below:				
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