



# MUNICIPAL FOOD CART/MOBILE FOOD CART LICENCE APPLICATION

MUNICIPALITY OF CHATHAM-KENT  
315 King Street West, P.O. Box 640  
Chatham ON N7M 5K8

The Municipal Food Cart Licence Application must be completed in full and submitted 2 weeks prior to commencing business. For information or assistance completing this application, please contact the Licensing Department at 519.360.1998 or by email at [CKlicensing@chatham-kent.ca](mailto:CKlicensing@chatham-kent.ca). You can mail your completed application to the above address or fax it to 519.436.3215. Applications may also be submitted at any Municipal Centre.

**IMPORTANT:** The information required by this application is necessary to fully evaluate your request for a Municipal Food Cart Licence. Completion of this application does not guarantee approval of application.

New

Renewal

## Section One: Business Ownership

Sole Proprietorship                       General Partnership                       Corporation or Charitable Organization

## Section Two: Applicant Information (Please Print)

*Note: If more than one applicant, please include a list of owners and their full contact information.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

PO Box #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section Three: Business Information (Please Print)

*Note: All correspondence regarding this business will be sent to the address provided in Section Two.*

Business Name: \_\_\_\_\_

Name of Proposed Sales Location (if applicable): \_\_\_\_\_

Address of Proposed Location: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nature of Goods Sold: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ through to: \_\_\_\_\_

## Section Four: Documentation Request

Please ensure to include the following documentation along with application (all items must be provided in order for licence to be processed).

- Copy of Menu
- Current Photo of Food Cart
- Site Plan (An illustrated copy of the exact location of where sales will be set up - include setbacks from property lines, as well as, parking and vehicle access. Aerial photos of municipal properties can be found on the Chatham-Kent website using the Mapping Tool ([www.chatham-kent.ca](http://www.chatham-kent.ca)).
- Permission to Operate on Private Property Form (Consent from property owner has been granted to operate on their property). If operating on Municipal property (other than a hall or auditorium) a Vending Zone Permit may be required.

### IF APPLICABLE:

- Proof of Insurance - if operating on Municipal Property (\$1 million dollar Commercial General Liability insurance with the Municipality of Chatham-Kent listed as an additional insured) to be submitted with Vending Zone Permit Application.
- For Mobile Food Cart - you must submit a Mobile Licence Registration Form and permission to operate for each stop

## Section Five: Zoning Approval

Upon submission of this application, the proposed location of your business will be subject to compliance with the Chatham-Kent Zoning By-law.

## Section Six: Health Approval

The Public Health Unit will be notified by Licensing of your intent to operate within the Municipality of Chatham-Kent. An inspector will contact you to arrange for an inspection appointment to take place prior to licence issuance. If you have specific questions regarding Health, please contact the Public Health Unit at 519.352.7270.

## Section Seven: Payment

The licence fee to operate a Food Cart is \$520.00 (2017 fee) and a Mobile Food Cart is \$735.00 (2017 fee). Payment must be received at time of application.

Amount Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION**

Personal information on this form is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and Protection of Privacy Act.

I acknowledge that the information requested on this form and any attachments are collected under the authority of the Municipal Act. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by Licensing Services of the Municipality of Chatham-Kent. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collecting can be made to the Manager of Licensing Services, 315 King Street West, Chatham, ON N7M 5K8, (519) 360-1998.

I declare the information given in this application and any supporting documents is true, correct and complete in every respect and understand that false statements could result in the revocation of the license, if granted.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Licensing Approval (Office Use Only)**

Application Submitted                      Licensing Assistant: \_\_\_\_\_                      Date: \_\_\_\_\_

Requested Documentation Submitted                      Licensing Assistant: \_\_\_\_\_                      Date: \_\_\_\_\_

Site/Zoning Approvals Completed                      Licensing Assistant: \_\_\_\_\_                      Date: \_\_\_\_\_

Health/Fire Approvals Completed                      Licensing Assistant: \_\_\_\_\_                      Date: \_\_\_\_\_

Licence Issued                      Licensing Assistant: \_\_\_\_\_                      Date: \_\_\_\_\_



**PERMISSION TO OPERATE ON PRIVATE PROPERTY**

**Property Owner Information**

Property Owner: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Permission**

I hereby grant \_\_\_\_\_ of \_\_\_\_\_  
Name of Applicant Business Name

permission to set up food cart/mobile cart on my property located at \_\_\_\_\_  
Address of Sales Location

for the following dates: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Email of Property Owner

**For Office Use Only**

Property owner confirmed on \_\_\_\_\_ by \_\_\_\_\_  
Date Name

Roll Number: 3650 \_\_\_\_\_