



**MUNICIPAL VENDING ZONE  
PERMIT APPLICATION**  
**MUNICIPALITY OF CHATHAM-KENT**  
315 King Street West, P.O. Box 640  
Chatham ON N7M 5K8

The Municipal Vending Zone Permit 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 Vending Zone Permit. Completion of this application does not guarantee approval of application.

**Section One: Applicant Information (Please Print)**

Name of Applicant: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 PO Box #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Section Two: Licence fee**

Vending zone permit - annual	\$ 201.00
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**Section Three: Sales Location/Event Details (Please Print)**

Name of Sales Location (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Nature of Goods Sold: \_\_\_\_\_  
 Proposed Start Date: \_\_\_\_\_ through to: \_\_\_\_\_

**Section Four: Approvals**

The following approvals will be required in order to process this application. A licence will not be issued until all necessary approvals are obtained. If you have any questions, please contact the Licensing Department at 519.360.1998.

Site Approval

Please attach 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)).

Insurance Approval

Please provide the Licensing Department with a Certificate of Insurance showing the following:

1. The Municipality of Chatham-Kent named as an additional insured
2. Commercial General Liability in the amount of \$1 million dollars

Additional Terms and Approvals

If deemed necessary, additional terms and approvals may be requested of the applicant.

**Section Five: Payment**

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)**

- |   |                            |             |
|---|----------------------------|-------------|
| <input type="checkbox"/> Application Submitted                | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Site/Zoning Approvals Completed      | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Certification of Insurance Submitted | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Licence Issued                       | Licensing Assistant: _____ | Date: _____ |