



APPLICATION FOR BUSINESS LICENSE

Name of Individual	
Name of Corporation/Business	
Address for Service	
Phone Number:	Email Address:

TYPE OF BUSINESS

Food Vehicle <input type="checkbox"/>	Food Stand <input type="checkbox"/>	Donation Box <input type="checkbox"/>	Temporary Vendor <input type="checkbox"/>	Door to Door Sales <input type="checkbox"/>
Products/Goods Being Sold:				
Items Collected & Distributed Details:				
Location:				

DOCUMENTATION REQUIRED

Required by All:

- Licensing Fee
- Insurance \$2 Million naming Wellington North co-insured

Please ensure you have the following documentation for your type of business:

FOOD VEHICLE	DONATION BOXES
<input type="checkbox"/> Gas/Propane Inspection Report	<input type="checkbox"/> Government Issued Identification
<input type="checkbox"/> Driver's License	<input type="checkbox"/> CRA Registered Charity Number
<input type="checkbox"/> Health Unit Approval	<input type="checkbox"/> Statement as to How Charity Benefits
<input type="checkbox"/> Driver Record Search	<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Commercial Vehicle Operator Registration	<input type="checkbox"/> Written Consent of Property Owner
<input type="checkbox"/> Inspection Report- Fire Chief	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Proof of Zoning	
<input type="checkbox"/> Written Consent of Property Owner	

FOOD STAND	DOOR TO DOOR SALES
<input type="checkbox"/> Proof of Zoning	<input type="checkbox"/> Written Permission from Owner/ Occupant to enter onto Private Property
<input type="checkbox"/> Licensing Fee	
<input type="checkbox"/> Sketch/Site Plan	<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Gas/Propane Inspection Report	<input type="checkbox"/> Company Issued Photo ID per Salesperson
<input type="checkbox"/> Inspection Report – Fire Chief	
<input type="checkbox"/> Written consent of the owner	<input type="checkbox"/> Vulnerable Sector Check per Salesperson
<input type="checkbox"/> Health Unit Approval	

Signature of Applicant

Date