

## City of Wetaskiwin Vendor Licence Application

*Food trucks, mobile vendors, farmers market vendors, etc.*

Note:

- *Vending permits are required for mobile vendors that temporarily sell goods or services from a temporary location in any place where the public has an expected right of access.*

Vendor Permit
<b>1. Vendor Permit Requirements</b>
1.1. Vendor Permit Application Form
1.2. Locations of operation and a site plan indicating the proposed siting location of the business
1.3. Letter of consent of property owners of locations of operations
1.4. Copy of the Food Handling Permit for the vending unit (if necessary)
1.5. Completed inspection from the City of Wetaskiwin Fire Services (mobile food vendors)
1.6. A picture of the vending unit
1.7. Insurance Documentation

Applications can be:

1. Digitally submitted to [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)
2. Dropped off at 4705 50<sup>th</sup> Avenue, Wetaskiwin
3. Mailed to 4705 50 Avenue, Wetaskiwin, Box 6210, T9A 2E9 addressed to Development Services

For more information, call 780.361.4400 or e-mail [permits@wetaskiwin.ca](mailto:permits@wetaskiwin.ca)

**SCHEDULE "C":  
VENDING PERMIT APPLICATION FORM**

**APPLICATION DATE:** \_\_\_\_\_

**PRINCIPAL OWNER/LICENSEE INFORMATION:**

TRADE OR BUSINESS NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

**VENDOR UNIT TYPE:**

Each vending unit requires a separate application. Select the vending unit type below that best describes your unit and fill out the vehicle registration information if required:

FOOD & BEVERAGE TRUCK

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOUR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

TRAILER

LICENSE PLATE: \_\_\_\_\_

SIDEWALK CART

TABLE

OTHER

If OTHER, describe your unit:

**PRODUCTS/SERVICE**

List the feature products and/or services you intend to provide:

For more information, please contact the Development Services Department at (780) 361-4431 or (780) 361-4432. Correspondence may be sent to PO Box 6210, Wetaskiwin, AB, T9A 2E9 or brought to our office at 4705 – 50 Avenue, Wetaskiwin.

**SCHEDULE "C" continued:**

**APPLICATION DATE:** \_\_\_\_\_

**LOCATION:**

List the location(s) of operation you are requesting for the vending unit below. By selecting the "OR" option between locations you will indicate you are providing several locations of interest and would only like to operate at one. By selecting the "AND" option between locations you will indicate you wish to receive one permit for multiple locations. List locations by descending order of preference with Location 1 being most preferable.

Location 1:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 2:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 3:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 4:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

AND OR

Location 5:

Street: \_\_\_\_\_ Avenue: \_\_\_\_\_ Corner: \_\_\_\_\_ OR Named Location: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Days of Week: S M T W T F S

**SCHEDULE “C” continued:**

Processing may take up to 10 days. To minimize delays in processing, ensure the following requirements are met:

This form is *fully* completed.

Map showing proposed area(s).

A letter of consent from property owners of ALL locations on private property or in front of a business.

A business license has been obtained and the business license number is provided  
Insurance documentation displaying the amount and expiration date of the coverage is attached (Minimum \$2,000,000 (two million dollars) of General Public Comprehensive Liability Insurance).

A copy of the Food Handling Permit for the vending unit is attached (if preparing and/or distributing food).

A picture of the vending unit is provided.

I, \_\_\_\_\_, am the person whose name appears directly above and I have the authority to make this application on behalf of the named business. I have fully and accurately completed this application form. I have read the Vendor Terms and Conditions and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date