



OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing

350 City Hall Square West - Suite 110

Windsor, ON N9A 6S1

Ph: 519-255-6200, Option 1 Fax: 519-255-6868

www.citywindsor.ca

MOBILE VENDOR OF FOOD APPLICATION

OFFICE USE ONLY

LICENCE # _____

CLASS 2 (PUSHCART) – (2 PAGES)

APPLICANT NAME AND ADDRESS

APPLICANT NAME:		DATE OF BIRTH:	(MM/DD/YYYY)
STREET ADDRESS:		HOME PHONE:	
		CELL PHONE:	
CITY, PROVINCE:		POSTAL CODE:	

BUSINESS NAME AND ADDRESS

NAME UNDER WHICH BUSINESS OPERATES:		PLEASE INDICATE WITH A CHECK MARK:(✓) Corporation Sole Proprietorship Partnership	
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS:		BUS. PHONE:	
		EMAIL ADDRESS:	
CITY, PROVINCE:		POSTAL CODE:	

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY		LICENCE FEES	
MOBILE VENDOR OF FOOD	CLASS 2 (PUSHCART)	NEW - \$255.00/Each	RENEWAL-\$255.00/Each
	TOTAL # OF STRUCTURES	NEW - \$10.00/Each	RENEWAL - \$10.00/Each

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)?
 YES NO IF YES: What type? _____
 What year? _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY?
 YES NO IF YES: Year? _____
 Location? _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

Police Clearance (*Original, not more than 30 days old & issued by municipality you reside)	Site Plan, new only
Windsor/Essex Board of Health Certificate (519-258-2146)	Food Handler's Certificate, if serving food
Propane Approval	Photo & Dimensions of Vehicle, new only
Business Name Registration /Franchise Agreement, if applicable	Certificate of Incorporation including Directors, if applicable
Proof of Work Status	(2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.
Valid Photo Identification	

DEPARTMENT DISTRIBUTION ONLY:

By-Law Enforcement – For Location Inspection & Approval of Cart

THE LICENCE RENEWAL DEADLINE IS JANUARY 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON FEBRUARY 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

NOTE: APPLICATIONS ACCEPTED UNTIL 3:30 PM MONDAY-FRIDAY, EXCEPT HOLIDAYS

THE ABOVE ARE THE ONLY BUSINESSES OPERATED AT THESE PREMISES WHICH REQUIRE A MUNICIPAL LICENCE IN ACCORDANCE WITH THE BY-LAWS OF THE MUNICIPALITY.

I, _____, ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION IN THE CITY OF WINDSOR UNTIL THE FORMAL LICENCE IS ISSUED TO ME.

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municipal Act, City of Windsor Act, and City of Windsor Licensing By-law 395-2004. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. 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 collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT & TITLE



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CLASS 2 (PUSHCART) – PAGE 2

WHERE ARE THE VEHICLE(S)
BEING STORED AND OR PARKED?

ARE YOU THE SERVER OF THE FOOD?

YES

NO

IF YES, DO YOU HAVE A VALID FOOD HANDLER'S LICENCE?

YES

NO

CLASS 2

PUSHCART (IE. HOTDOG CART)- IF YOU ARE RENEWING MORE THAN 10 CARTS YOU MUST USE A SEPERATE SHEET WITH SEPERATE PAYMENT.

DESCRIPTION OF LOCATION(S) OF PUSHCART – (IE. SOUTHWEST CORNER OF ___AND ___)

**** PLEASE NOTE: IF YOUR LOCATION IS ON CITY PROPERTY, YOU MUST HAVE A VALID AGREEMENT WITH THE CITY OF WINDSOR. THIS AGREEMENT MUST BE RENEWED EACH YEAR****

PARTICULARS OF INSURANCE

INSURANCE LIABILITY	\$	EXPIRY DATE (MM/DD/YYYY)
INSURANCE COMPANY		INSURANCE AGENT

PLEASE LIST THE NUMBER AND TYPE(S) OF STRUCTURE(S) USED IN CONJUNCTION WITH THE OPERATION OF THE MOBILE VEHICLE.

NUMBER OF REFUSE CONTAINERS	NUMBER OF BEVERAGE COOLERS
NUMBER OF CHAIRS	NUMBER OF TABLES

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