TOWN OF BARRHEAD

MOBILE FOOD VENDER BUSINESS LICENCE APPLICATION

Box 4189, 5014-50 Avenue, Barrhead, AB T7N 1A2
Phone: (780) 674-3301 Fax: (780) 674-5648 e-mail: town@barrhead.ca

Application: ☐ New ☐ Renewal Date: _____

Applicant Information:

Name: _____ Phone: _____

Address: _____ Postal Code: _____

Business Information:

Trade or Business Name: _____

Address: _____ Postal Code: _____

Phone: _____E-mail: _____ Website: _____

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.

Vender Unit Type:

Ice Cream Truck : ____

Make:_____ Model:_____ Year: _____ Colour:_____ License Plate: _____

Food Truck : ____

Make:_____ Model:_____ Year: _____ Colour:_____ License Plate: _____

Food Trailer : ____ License Plate: _____

Other: (Please describe)_____

Products

Please List the products/services provided:

_____

_____

Please provide the following information with your mobile food vending application:

___ Food Handling permit issued by Alberta Health Services

___ Barrhead Fire Services inspection approval

___ General Commercial Liability Insurance confirmation

___ Picture of food vending unit

Signature/Date:

_____ _____

Date Signature of Applicant

For Office Use Only

Resident ☐ Non-Resident ☐ Hawker/Peddler ☐ Temporary ☐ Mobile Food Vender ☐

License No: _____ Amount Paid: _____ Receipt No.:_____

_____ _____

Date Signature of Inspector