



TOWN OF BARRHEAD

MOBILE FOOD VENDOR BUSINESS LICENSE APPLICATION

Box 4189, 5014-50 Avenue, Barrhead, AB T7N 1A2

Phone: (780) 674-3301 Fax: (780) 674-5648 e-mail: town@barrhead.ca

Application Date: \_\_\_\_\_

New

Renewal

Application Type: Annual

Temporary

See Business License Application Fee Schedule for Relevant License Fees

SECTION 1: APPLICANT/OWNER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

SECTION 2: BUSINESS INFORMATION

To Be Published On Town Website

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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.

SECTION 3: VENDING 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/Services Provided: \_\_\_\_\_

SECTION 4: ADDITIONAL REQUIREMENTS

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

SECTION 5: SIGNATURE

The information given on this application is full and complete and is to the best of my knowledge a true statement of facts in relation to this application for Mobile Food Vendor Business License.

Date

Signature of Applicant

Please submit completed application to the Town of Barrhead, Box 4189, 5014-50 Avenue, Barrhead, AB T7N 1A2, email to town@barrhead.ca or fax to 780-674-5648.

For Office Use Only

License No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Land Use District: \_\_\_\_\_

Date

Signature of Development Officer