



Schedule "C"

Mobile Vending Permit Application

224 Centre Street Drumheller AB T0J 0Y4
Main: 403.823.6300 Fax: 403.823.7739

Email: development@dinosaurvalley.com

Applicant _____

Trade or Business Name _____

Mailing Address _____

City _____ Postal Code _____

Email _____

Telephone _____ Fax _____

Cell _____ Other _____

Vendor Unit Type

ICE CREAM TRUCK

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

FOOD TRUCK

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

TRAILER

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

PERMIT FEE _____

PERMIT NUMBER

RECEIPT NO# _____

- SIDEWALK PUSH CART License Plate #: _____
- TABLE / KIOSK DESCRIPTION _____
- OTHER: DESCRIPTION: _____
- NOT APPLICABLE (HAWKER / PEDDLER) Products / Services Provided
- SIGNAGE: NO Yes Describe type of signage, include dimensions, and placement on site plan

***NOTE: some signage may require an additional development permit

- PROPOSED LOCATION:Civic Address(es): _____

- HOURS OF OPERATION & DAYS OF THE WEEK (in each location noted above) _____

Checklist of supporting documents to include with application

Site Plan: Provided Yes _____ No _____

*** (site plan is required showing the location of the Mobile Vendor Unit and signage)

Owner Authorization Yes _____ No _____

A Business License application has been submitted. Yes _____ No _____

A copy of Alberta Health Services Food Handling Permit, if required. Yes _____ No _____

A copy of Direct Sellers License, if required. Yes _____ No _____

*Insurance documentation, Yes _____ No _____.

***Minimum \$2 million liability naming the Town as also insured.

A photo of mobile vending unit. Yes _____ No _____

A copy of other Provincial licenses as required. Yes _____ No _____

Payment

I hereby make application under the provisions of the Mobile Vendor Bylaw # 18-01 for a Mobile Vendor Permit in accordance with the plans and supporting material submitted herein and which form part of this application.

Applicant _____

Signature of Applicant _____ Witness _____

Date _____

****If signing on behalf of a property owner or business owner, paperwork must be included showing the persons authorization to sign on behalf of the property owner or business owner.

****I will report any variation to the operation of the Mobile Vending Unit to the Town of Drumheller that conflicts with the authorization noted above, by contacting the Development Authority at 403.823.1310. Failure to inform / obtain permission to vary the operation of the Mobile Vending Unit may be considered a violation resulting in a penalty.

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 224 Centre Street, Drumheller, AB T0J0Y4
Phone 403.823.1339, Fax 403.823.8006, or email FOIP@Dinosaurvalley.com
