



PART: VENDOR BUSINESS
SCHEDULE A: APPLICATION FOR FOOD VENDOR'S PERMIT
(TO BE FILLED BY THE APPLICANT)

APPLICANT'S NAME: _____
COMPANY NAME: _____
APPLICANT'S HOME ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: 1) _____ 2) _____

SIZE OF VENDING UNIT: _____
TYPE OF VENDING SERVICE (According to the Town of Bashaw's Vendor's Bylaw): _____
INCLUDE A CURRENT PHOTO OF VENDING UNIT (MANDATORY): YES/NO
DESCRIBE SERVICE PROVIDED: _____

LIST AND PROVIDE COPIES OF ALL PROVINCIAL AND FEDERAL LICENSES, PERMITS, APPROVALS, ETC THAT ARE
REQUIRED TO OPERATE THIS BUSINESS (MANDATORY): _____

INCLUDE THE FOOD HANDLING CERTIFICATE: YES/NO (MANDATORY IF SERVING FOOD OR BEVERAGES)
COPY OF INSURANCE NAMING THE TOWN OF BASHAW AS THE ADDITIONAL INSURED: YES/NO (MANDATORY)
LICENSE PERIOD BEING APPLIED FOR: THE YEAR OF 20____:
OR: TEMPORARY PERMIT REQUESTED FROM: _____ TO: _____, 20____

To process this permit application the applicable Vendor's Fee must be paid in full and all mandatory
documentation shall be completed and submitted to the Development Authority. If the application is not approved
or is withdrawn by the applicant an administration fee will be deducted from the Vendor's fee before refunding
the balance to the applicant. If a permit is revoked at any time during the approved time period, the Vendor fee
will not be refunded. By submitting this application to operate a vending business in the Town of Bashaw I
acknowledge that it is my responsibility to read the Vendor's Bylaw 755-2014 provided to me and agree to comply
with the regulations as set out therein by the decision of Council AND I hereby release the Town of Bashaw and/or
any of its representatives and keep them free from harm for any activity arising from or caused by this Vendor or
their delegate while conducting business. Five to ten business days required to process application package.

APPLICANT'S SIGNATURE AND DATE

FOR OFFICE USE ONLY

FILE SHALL NOT BE SUBMITTED TO DEVELOPMENT AUTHORITY FOR DECISION UNTIL ALL DOCUMENTS RECEIVED
FEE PAID (IN ACCORDANCE TO THE MASTER RATES AND SCHEDULE BYLAW): _____ RECEIPT NUMBER: _____
DECISION DATE: _____ PERMIT APPROVED FROM: _____ TO: _____
PERMIT NUMBER: _____
DEVELOPMENT AUTHORITY: _____
CONDITIONS: _____