Application for Refreshment Vehicle Owner License

Date Received:	License Number:

A. Refreshment Vehicle License

B. ☐ New ☐ Renewal ☐ 1 Year ☐ 2 Year

☐ Type 1 (Motor Vehicle) ☐ Type 2 (Trailer/Cart) ☐ Type 3 (Muscle Powered Cart) ☐ Type 4 (Food Truck)

B. Application Requirements:

The following original documents must be included with this application:

☐ Canadian Citizenship, Land Immigrant Status, or a Valid Work Permit issued by the Government of Canada **(New only) (Office Note: Photocopy for file)**

☐ Current valid Class "G" Ontario Driver's licence **(Type 3 requires only valid photo I.D.) (Office Note: Photocopy for file)**

☐ Current and valid Criminal Record Check issued within 60 days of the application by the Police Service having jurisdiction where the applicant resides

☐ Drivers abstract current within 30 days **(not required for Types 2 & 3)**

☐ Certificate from the York Region Medical Officer of Health indicating that the Refreshment Vehicle complies with all regulations **(New only)**

☐ Written permission from the Director of Recreation and Culture or his designate **(Town Sponsored Special Event)**

☐ Written permission from the property owner

☐ Diagram of proposed location of refreshment vehicle on property

☐ Photograph of proposed refreshment vehicle

☐ Written permission from the charitable or not for profit organization **(Community Event)**

☐ Vehicle ownership **(not required for Types 2 and 3) (Office Note: Photocopy for file)**

☐ Safety Standards certificate for the vehicle that is to be licensed, dated not more than thirty (30) days of application **(not required for Types 2 and 3)**

☐ Certificate prepared by a duly qualified medical doctor stating the licensee is fit and able to operate a motor vehicle and work with food **(Every 2 years)**

☐ Certificate of automobile insurance in the amount of two million dollars ($2,000,000) **(not required for Types 2 and 3)**

☐ Certificate of general liability insurance in the amount of two million dollars ($2,000,000) naming the Town of Newmarket as an additional insured **(if requested)**

☐ Fee

C. Owner Information

Choose the type of Licence: ☐ 1 year ☐ 2 year

Last name:	First name:	Company:	
Street address:		Unit number:	Lot/con:
Municipality:	Postal code:	Province:	E-mail:
Telephone number: ( )	Fax ( )	Cell number ( )	

D. Declaration of Applicant

I_____certify that:
(print name)

By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any license that may be issued.

_____ _____
Date Signature of Applicant

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of the *Municipal Act* and will be used by the Town of Newmarket to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

OFFICE USE ONLY

Date:	Approved by:
Owner's license: $	Account Number: 13121.7741.01
Lost Plate Fee: $	Account Number: 13121.7741.02
Change/Add Location Fee: $	Account Number: 13121.7741.04