BY-LAW 52-2021
MUNICIPALITY OF THAMES CENTRE
APPLICATION TO OPERATE A REFRESHMENT VEHICLE
New Business License ($190) ☐   **Renewal ($190)** ☐

APPLICATION IDENTIFICATION

Registered Name of Business _____

Name of Applicant _____

Address of Applicant _____

Operating Business Address _____

Mailing Address (if different) _____

Postal Code _____

Telephone Number: Residence _____Business _____

REFRESHMENT VEHICLE INFORMATION

Type of Vehicle Being Used: ☐ Mobile Refreshment Vehicle   ☐ Located Refreshment Vehicle

Will a Generator be Used: ☐ Yes   ☐ No

Specify: Make _____   Model _____   Decibel Level _____

Type of Food Being Served _____

Proposed Location of Vehicle _____

Days of Operation _____

Hours of Operation _____ a.m to _____ p.m

OTHER INFORMATION

Owner of Property Vehicle to be Located on _____

Address of Property Owner _____

I the registered owner of the business, hereby acknowledge and certify that:
I have read and understand the requirements of the licensing, regulating and governing by-law and the information pertaining to the business license for which I have applied. The information contained in this application is true and complete to the best of my knowledge and that failure to provide complete or accurate information may delay the licensing process. The issuance of a license under this by-law does not permit or condone violations of any by-law, statute or other regulation in effect in the Municipality, Province of Ontario or the Dominion of Canada and it shall be my responsibility to ensure that such applicable legislation is complied with at all times. The license will be issued for one (1) year period and all licenses shall expire on December 31 of each year.

_____   _____   _____
Name (please Print)   Signature   Date

CHECK LIST FOR SUBMISSION – OFFICE USE ONLY
☐   License Fee   ☐   Copy of Vehicle Registration
☐   Site Drawing   ☐   Photo of the Refreshment Vehicle
☐   Property Zoned Commercial or Industrial   ☐   Written Consent by the Municipal Fire Chief
☐   Letter of Approval from Health Unit   ☐   Written Consent from the Road Authority
☐   Proof of Insurance   ☐   MFSE Certificate from TSSA
☐   Written Consent by the Municipality

Comments:_____

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APPROVAL SIGNATURE: _____   DATE: _____