



THE CORPORATION OF THE CITY OF SAULT STE. MARIE, CITY CLERK'S DEPARTMENT
99 FOSTER DRIVE, SAULT STE. MARIE, ONTARIO P6A 5X6

PEDDLER AND FOOD VENDING LICENCE APPLICATION

1. APPLICANT

Name _____

Address _____

City _____ Postal Code _____

Date of Birth _____ Phone Number _____
Year Month Day

2. Have you resided in Sault Ste. Marie for the past 12 months? _____ (Y/N) PROPERTY: Own or Rent (please circle)

A. ADDRESS: _____

B. PROOF OF OWNERSHIP OR RENTAL AGREEMENT REQUIRED

3. NAME OF BUSINESS _____

4. BUSINESS ADDRESS _____

5. ALL PRINCIPAL OFFICERS OR PARTNERS

Name	Address	Phone Number	Date of Birth
_____	_____	_____	_____ Yr Mo Day
_____	_____	_____	_____ Yr Mo Day

6. Have you or do you presently operate a business in this City? If so, state nature and details _____

7. State other municipalities in Ontario in which the applicant has operated a business during the year preceding the date of this application.

8. Description of refreshments/food/goods, wares or merchandise to be sold. _____

9. Proposed location of sale of refreshments/food/goods, wares or merchandise. _____

10. Period of operation (licensee must comply with the Retail Business Holidays Act, R.S.O. 1980 Chapter 453 as amended):

11. Is there any fuel burning equipment involved? Yes OR No If Yes-require TSSA approval.

12. VEHICLE PEDDLER INFORMATION:

Make of Vehicle _____ Model _____

Licence Plate # _____ Serial # of Vehicle _____

I hereby certify that the above information is true and correct to the best of my knowledge. I authorize the City Clerk's Department or its Police Department to make such inquiries as they deem necessary to confirm the information provided above.

DATE _____ SIGNATURE _____

NOTE: Peddler and Food Vending licence must be POSTED in a conspicuous place and available for inspection upon request.

(for office use only)

Certificates of Approval must be attached hereto from the following departments as checked below before the licence can be issued.

*Peddler licences only require Police Department approval from owner's home based municipality.

- Algoma Health Unit Building Division Community Services Dept.-depending on location
- Police Department Fire Department Other-Liability Insurance

*Please note that proof of liability insurance in the amount of at least \$5,000,000 naming the City of Sault Ste. Marie as an additionally named insured must also accompany your application.

TYPE OF LICENCE TO BE ISSUED: _____ FEE (Must be paid by Cash/Debit/Cheque)
_____ \$ _____

APPROVED BY: _____ DATE OF ISSUE: _____