

Mobile Food Vendor Business License Application

For Office Use Only:

Application Date: _____ FV _____ CUST ID: _____ Total Fees Due: _____

Application Type (Check and complete all that apply)

- Mobile Food Cart, Trailer or Truck **\$150** (annual fee)
- Mobile Food Bicycle **\$50** (annual fee)
- Change of Information **No Fee**
- Mailing Address Previous Address: _____
- Business Name Previous Business Name: _____
- Ownership Previous Owner: _____

Applications must be submitted as a complete package for the review process to begin.

Forward the completed application form and payment to:

OR email application to solutions@citypa.com

The City of Prince Albert

Community Development Department

1084 Central Avenue

Prince Albert SK S6V 7P3

Please make the cheque payable to: The City of Prince Albert

Business Information (Please print clearly)

I do not want this address on the Business License Directory

Business Name: _____

Mailing Address: _____

Unit/Building # Street Name City Province Postal Code

Owner Name: _____ Contact (if different than Owner): _____

Phone: _____ Fax: _____

Email: _____ Website: _____

*PST #: _____ *ISC Entity #: _____

*** AT LEAST ONE OF THE NUMBERS IS REQUIRED**

Number of Employees (Including self): Full Time _____ Part Time _____

I would like to be contacted by the Main Street Association.

Type of Mobile Food Unit: Bicycle Cart Trailer Truck

Dimensions of Unit: Height: _____ Length: _____ Width: _____ Weight: _____

Type of food and/or beverages being sold: _____

Please provide the following approvals:

- Approval from the Prince Albert Health District
- Fire Inspection Approval
- SaskPower Gas Inspection, if required.
- Discharge Management Plan
- Photographs of the unit or truck being used.
- Proof of Liability Insurance with a minimum liability limit of \$5,000,000 with the City of Prince Albert named as an additional insured.

City Locations (Please indicate where you will be operating)

- Residential Roads
- Rotary Trail
- At on-street metered parking along River Street East between Central Avenue and 1st Avenue East
- At on-street metered parking along 10th Street East between Central Avenue and 1st Avenue East
- Adjacent to Kinsmen Park, north of 26th Street East and 26th Street West
- Other _____
- _____
- _____
- _____
- _____

Privately Owned Locations (Please include any written approval letters in the application package)

- _____
- _____
- _____
- _____
- _____
- _____

Please Note: This is an application only.

If your application is approved, you will receive confirmation from the Community Development Department. Your application is not approved until you receive your license from The City of Prince Albert.

You may be required to apply for additional permits or site inspections with the Community Development Department or other City Departments before your application may be approved.

- ❖ The *Business License Bylaw No. 32 of 2020* requires all businesses to obtain a Business License before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application (mailing address, ownership, business name) requires a new application to be submitted to the Community Development Department in order for the license to be updated and considered valid.
- ❖ The City of Prince Albert license must be displayed prominently at the place of business.

For more information on licensing requirements, please call 306.953.4884 or visit our website at www.citypa.ca.

For more information on City bylaws and policies, please visit our website at www.citypa.ca.

Acknowledgement of Responsibility:

- I am aware of and have read the *Mobile Food Vendors Policy*.
- I agree to operate my business as outlined in the *Mobile Food Vendors Policy*.
- I agree to operate my business as required under the *Business License Bylaw*.
- I am aware that a business license is non-transferable for ownership, use or location change without reapplication for the change of information.

Applicant Signature: _____ Date: _____

For Community Development Department Only:

Last Update: June 19/24

FV _____ \$ _____ (10-25-110-000-00000-5210) Application reviewed & approved by: PW PR&C Not required

Requested By (Print Name): _____ Signature: _____

Approved By (Print Name): _____ Signature: _____

Payment Type: Cash Cheque Receipt #: _____ To be Invoiced E-transfer

For Financial Services Only:

Invoice #: _____ Date: _____

Initials: _____ Approval: _____