





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

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**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.

**Please Note: This is an application only.** If your application is approved, you will receive confirmation from Planning & Development Services. 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 Planning & Development Services or other City departments before your application may be approved.**

- ❖ The *Business License Bylaw* 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 require that Planning & Development Services be notified through new application 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, please call 306.953.4384, fax 306.953.4380 or visit our website at [www.citypa.ca](http://www.citypa.ca).

**Acknowledgement of Responsibility**

**Information on Policies and Bylaws can be found on the City of Prince Albert website [www.citypa.ca](http://www.citypa.ca).**

- 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: \_\_\_\_\_

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Please submit completed application and supporting documents to: [pds@citypa.com](mailto:pds@citypa.com)  
or deliver to Planning and Development services, 3rd Floor, City Hall

<b>For Office Use Only:</b>	<b>Last Updated: 04/17/19</b>
Checked by: _____	Date Checked: _____
Application Circulated: _____	