

The Corporation of the Township of Wellesley

Refreshment Vehicle License Information

Please refer to the attached Mobile Food Vending By-Law # 6/17 for full details

3	hecklist				
	Every License application to operate a Refreshment Vehicle shall include:				
	☐ Refreshment Vehicle License Fee (CASH or INTE	Annual	Per Day		
	Food Truck Food Cart	Renewal \$400.00 \$300.00	\$ 60.00 \$ 25.00		
	☐ A photograph of the Refreshment Vehicle;				
	☐ A copy of the Motor Vehicle or Trailer registration;				
	☐ Proof of Commercial General Liability insurance in the amount of two million dollars (\$2,000,000) for the sale of prepackaged foods or five million dollars (\$5,000,000) for when raw food is being cooked (as attached in the prescribed Certificate of Insurance form);				
	Proof of Automobile Liability insurance (only if a plated, Motorized Vehicle) in the amount of two million dollars (\$2,000,000), coverage against claims for bodily injury and/or property damage for all licensed vehicles and equipment owned or leased by the Applicant (as attached in the prescribed Certificate of Insurance form);				
	☐ If the Refreshment Vehicle is a Motorized Vehicle, issued by a provincially authorized Motor Vehicle is				
	☐ Current proof of inspection and approval in writing Health Department; and	from the Region of	of Waterloo		
	If the Refreshment Vehicle is fitted with propane or issued within thirty (30) days of the date of the Ref on the prescribed TSSA form, by a provincially aut	reshment Vehicle	license application,		



The Corporation of the Township of Wellesley

Refreshment Vehicle License Information

New License	License Renewal			
Principal Owner/Licensee Information)			
Trade or Business Name:				
Last Name:	First Name:			
Business Address:				
City/Town:	_ Province: Postal Code:			
Primary Phone:	Business Phone:			
Email Address:				
Refreshment Vehicle Insurance				
Please select the Refreshment Vehicle's insurance policy for which this License applies:				
☐ Two Million (\$2,000,000) ☐ Five Million (\$5,000,000)				
Refreshment Vehicle Products				
List the feature products you intend to provide in your Refreshment Vehicle:				



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Refreshment Vehicle	Туре						
Please select the type	of Refreshment Vel	hicle for w	hich this Li	icense will apply:			
	reshment Vehicle Refreshment Ve						
Description of the Ve	hicle						
Make:	Model:		Year:	Colour:			
License Plate (If Motor	ized):						
I,		(full	name) sole	emnly declare that:			
_							
	■ I am the person whose name appears directly above and I have the authority to make this application on behalf of the named business						
☐ I have fully and accurately completed this application form							
☐ This application discloses all facts known to me that are relevant thereto							
Declared before me at	the Township of V	Vellesley)				
in the Region of Wate	rloo)				
on the	day of	20)				
a Commissioner			_)	Signature of Applicant			
				uthority of the Municipal A the provisions of the	ct,		
		-		on may be forwarded to			
various Township De	partments and th	e Region	of Waterlo	oo for comment. Questions	3		
about this collection	should be directe	d to the T	ownship (Clerk, 4639 Lobsinger Line	<u>)</u> ,		

FOR OFFICE USE ONLY:

RR#1, St. Clements, ON N0B 2M0, 519.699.3946

FEE: \$	RECEIPT #:	LICENSE #:	



Certificate of Insurance

Proof of liability insurance will be accepted on this form only (no amendments) This form must be completed and signed by your insurer or insurance broker Insurance company must be licensed to operate in Canada

This is to certify that the Named Insured, hereon is insured as described below						
Named Insured						
Operations of the insured for which this certificate is issued:						
Automobile Liability II	nsurance (minimum limit to	be evidenced - \$2,000	0,000 unless otherwise	required)		
Insuring Company	Policy Numbers	Amount of Coverage	Effective Date	Expiry Date		
	Primary					
	Excess					
	nust cover all vehicles owned					
	long term basis for which the	e insured is required by	contract to provide bodi	ly injury and property		
damage insurance.	l ichility Incurance (minimu	m limit to be evidence		thorwice required)		
Insuring Company	Liability Insurance (minimu Policy Numbers	Amount of Coverage		Expiry Date		
mouning Company	-	Per Claim/Annual Aggregate	Lifective Date	Expiry Date		
	CGL	To Olamy Amada Aggregate				
		Deductible, if any				
	Excess Liability (if applicable)	Per Claim/Annual Aggregate				
Provisions of Amendme	ents or Endorsements of Liste	d Policy(ies)				
Professional Liability	– Claims Made Basis - Yes	□ No □				
Insuring Company	Policy Numbers	Amount of Coverage	Effective Date	Expiry Date		
. ,	Professional Liability	Per Claim/Annual Aggregate				
	Excess Professional Liability (if applicable)	Per Claim/Annual Aggregate				
- Is the limit inclu	isive of indemnity and claims	expenses - Yes	10			
	on a claims made basis have			y term Yes No		
	ability Insurance is written on	<u> </u>		•		
	perations, Cross Liability and					
	operty Damage, Non-Owned					
and Contingent Employ		•				
	nmercial General Liability Insu					
	ley, is added as Additional In	sured but only with resp	pect to liability arising out	of the operations		
of the Named Insured. Other Additional Insureds as per contractual conditions are as follows: (Note if Applicable)						
Other Additional Insure	as as per contractual conditio	ns are as follows: (Not	e if Applicable)			
The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to						
The Corporation of the Township of Wellesley.						
The corporation of the rewinding of welledicy.						
These policies shall not be cancelled or changed so as to reduce the coverage as outlined on this certificate without						
thirty (30) days, prior written notice by registered mail by the Insurer(s) to the Corporation of the Township of Wellesley,						
Corporate Services Department, Purchasing Section, 575 Rossland Road East, Whitby, Ontario L1N 2M8.						
I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).						
Date:						
= 4.10.	E-Mail:	ce, releptione, rax and	Official:	5. 551		
			Print Name			