

Municipal Vending Zone Application

For information or assistance completing this application, please contact the Licensing Department at 519.360.1998 or by email at CKlicensing@chatham-kent.ca. You can email your completed application, mail it to the above address, or it can be submitted at any Municipal Centre.

IMPORTANT: The information required by this application is necessary to fully evaluate your request for a Business Licence. Completion of this application does not guarantee approval of application. The issuance of a licence will be subject to approvals from the required departments.

Office Use Only		CV# LC _____	
Payment Received <input type="checkbox"/>		Receipt Number _____	
Zoning/Building <input type="checkbox"/>	Email Sent: _____	Police: <input type="checkbox"/>	Email Sent: _____
Parks/Rec <input type="checkbox"/>	Email Sent: _____		
<input type="checkbox"/> Site Plan <input type="checkbox"/> Certificate of Insurance (Municipality of Chatham-Kent named as an insured)			
Business Ownership:			
<i>Note: If Sole Proprietorship or General partnership please include Business Name Registration. If a Corporation please provide Corporation documents and list of directors with application.</i>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or Charitable Organization			
Business Information (Please Print)			
Business Name:			
Business Operating Address:			
City/ Town:		Province:	Postal Code:
Phone Number:		Alternate Phone Number:	
Email Address:			
Application Information (Please Print)			
<i>Note: If more than one applicant, please include a list of owners and their full contact information on another sheet and attach to application</i>			
Name:		Phone Number:	
Address:			
City/Town:		Province:	Postal Code:
Email Address:			
Business Mailing Address			
<i>Note: All correspondence regarding this business will be sent to the address provided above. If you like to have your mail sent to an alternate address, please provide the information below.</i>			
Address:			
City/ Town:		Province:	Postal Code:

Location of Sales

Note: Please provide location of Sales if different from Business Operating Address

Address:

City/Town:

Province

Postal Code:

Nature of Goods Being Sold:

Proposed Start Date:

Proposed End Date:

Additional Required Documents

- Site Plan of where sales will be set up (Include setback from property lines, parking & vehicle access
- Certificate of Insurance showing The Municipality of Chatham-Kent as an additional insured and Commercial Liability in the amount of \$1 million dollars
- If selling food, a mobile food premises licence is required

Notice with Respect to Collection of Personal Information

Personal information on this form is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and Protection Privacy Act. I acknowledge that the information requested on this form and any attachments are collected under the authority of the Municipal Act. This information is required in order to process, issue, monitor, regulate and investigate the various licences issued by Licensing Services of the Municipality of Chatham-Kent. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding the collection of information can be made to the Manager of Licensing Services, 315 King Street West, Chatham, ON N7M 5K8, (519) 360-1998.

I declare the information given in this application and any supporting documents is true, correct, and complete in every respect and understand that false statements could result in the revocation of the license, if granted.

Signature:

Date: