

To fill out this form on your computer, please save it and open it using [Adobe Acrobat Reader](#). (Available for free.)

MVP # _____

Business License # _____

Permittee Information		
Trade or Business Name _____		
Applicant _____	Tel Fax _____	Cell _____
Business Address _____		Postal Code _____
Email _____		
Vendor Unit Type		
<input type="checkbox"/> ICE CREAM TRUCK Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____		
<input type="checkbox"/> FOOD TRUCK Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____		
<input type="checkbox"/> TRAILER / VEHICLE Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____		
<input type="checkbox"/> SIDEWALK PUSH CART License Plate #: _____		
<input type="checkbox"/> TABLE / KIOSK A		
<input type="checkbox"/> OTHER: Describe Unit _____		
<input type="checkbox"/> NOT APPLICABLE (HAWKER / PEDDLER)		
Products / Services Provided		
_____ _____ _____		
Signage		
<input type="checkbox"/> Yes If Yes, describe what type of signage _____ *Note: Show signage location/s on site plan.		<input type="checkbox"/> No
Proposed Location/s		
Civic Address: _____		
<input type="checkbox"/> Site Plan Provided (site plan is required showing the location of the Mobile Vendor Unit and signage)		<input type="checkbox"/> Owner Authorization Provided
Checklist		
<input type="checkbox"/> A Business License application has been submitted. <input type="checkbox"/> A copy of Alberta Health Services Food Handling Permit, if required. <input type="checkbox"/> A copy of Direct Sellers License, if required. <input type="checkbox"/> A Fire Inspection, if required.		<input type="checkbox"/> Insurance documentation, if required. <input type="checkbox"/> A photo of mobile vending unit, if required. <input type="checkbox"/> copy of other Provincial licenses as required.
I hereby make application under the provisions of the Mobile Vendor Bylaw # 2015-19 for a Mobile Vendor Permit in accordance with the plans and supporting material submitted herein and which form part of this application.		
_____ <p style="text-align: center;">Applicant</p>		
_____ <p style="text-align: center;">Signature of Applicant</p>		_____ <p style="text-align: center;">Date</p>

OFFICE USE ONLY

- ☐ Resident \$50 per calendar year
- ☐ Non-Resident \$100 per calendar year

Mobile Vendor Permit App Fee \$ _____ Receipt# _____

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca



AUTHORIZATION TO ALLOW MOBILE VENDOR ON PROPERTY

Please e-mail completed form to planning@olds.ca

As owner and/or manager of _____
Name of business

I give permission for :

_____, owner/operator for _____
Name of business owner name of business

to operate as a Vendor on my property located at _____
civic address

for the time period of _____.

Print name of property or business owner

Signature of property or business owner

Date

If signing on behalf of a property owner or business owner, paperwork must be included showing the persons authorization to sign on behalf of the property owner or business owner.