

Mobile Vendor Permit Application



4512 46 Street
 Olds AB T4H 1R5
 Main: 403.556.6981
 Fax: 403.507.4856
 Email: planning@olds.ca

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.		
_____ Applicant		
_____ Signature of Applicant		_____ Date

OFFICE USE ONLY

- Resident \$25 per calendar year
- Non-Resident \$50 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 FOIPP 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

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.