

**REFRESHMENT SALES  
LICENSE APPLICATION FORM**

**Completion Instructions**

1. If the application is for a fixed location, complete the attached request for a zoning compliance certificate and submit it to the Paris Office. There is a separate charge for this certificate.
2. Attach copy of zoning compliance certificate.
3. Complete any incomplete sections.
4. Ensure Health Unit and Propane Certifications are completed.
5. Attach Business registration documents
6. For ice-cream vendors attach a list of driver's verifying compliance with age restriction
7. Attach a cheque, payable to the County of Brant
8. Return to any County of Brant municipal office

If you fill out this document electronically, please print out the form, sign it, and either send a scanned copy of the completed form through email, or deliver a hard copy of the signed form to the Burford office. You will be contacted once your license has been prepared. If you require any further information please contact the licencing officer at 449-2451 ext 2219 or 1-888-250-2295.

**Rates:**

- Hotdog Cart / Chip Wagon     \$275 yearly     \$135.00 - 6 months     \$55 Daily  
Catering Truck     \$275 yearly  
Ice-cream Vendor     \$100 yearly  
Non-Profit Groups     No charge

**Type of Business:**

- Sole Proprietorship     Partnership     Corporation

Please attach a copy of the business name registration, and incorporation documents or partnership registration as applicable.

Name of Licensed Business: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_  
Proposed Business Location: \_\_\_\_\_

If the refreshment sale is from a fixed location on Municipal Property Council approval is required.

**Vehicle Information** (Complete all applicable sections)

Vin #: \_\_\_\_\_ Plate #: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

**Health Unit Certification**

*This certifies that the food premise described above has been inspected and meets the applicable requirements for food premises as defined in Ontario Regulation 562/90 pursuant to the Health Protection and Promotion Act, R.S.O. 1990, as amended.*

**Medical Officer of Health or Designate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Propane Certification**

Does the proposed refreshment sale require the use of 'propane fuelled' appliances?  yes  no

**If 'yes' above this certification must be completed.**

*This certifies that I, \_\_\_\_\_, being a certified propane fitter who is or is employed by a contractor, registered by the Fuel Safety Branch, of the Ministry of Consumer and Commercial Relations, have inspected the propane appliances used for the refreshment sale as detailed above and have found that all of the propane fuelled appliances have been installed in compliance with the Propane, Storage, Handling, and Utilization Code, Ontario Regulation 514/96, under the Energy Act, R.S.O. 1990, as amended.*

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Certification**

*I hereby verify that the above information is complete and accurate, and that I have the power to bind the licensed business.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Personal information collected herein will be used for the purpose of licensing and by-law enforcement and will be provided to Law Enforcement personnel.***

***Managed in accordance with the Municipal Information and Protection of Privacy Act.***

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**Office Use Only**

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Date Rec'd \_\_\_\_\_ Amt \_\_\_\_\_ Rcpt # \_\_\_\_\_ Rcvd by: \_\_\_\_\_

Business Registration Papers Attached:  Yes  No

Site Inspection: Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Date Council Approval (Municipal Property) \_\_\_\_\_

Insurance attached:  Yes  No

Refuse Container:  Compliance  Non-Compliance - Details: \_\_\_\_\_

Surface Treatment:  Compliance  Non-Compliance - Details: \_\_\_\_\_

Property Standards:  Compliance  Non-Compliance - Details: \_\_\_\_\_

List of Drivers Attached:  Yes  No  Not applicable

Outstanding Orders:  No  Yes - Details: \_\_\_\_\_

Fire Inspection:  Yes  No Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Details of Non-compliance: \_\_\_\_\_

Action: \_\_\_\_\_

Zoning Status: \_\_\_\_\_

License:  Approved  Denied Lic# \_\_\_\_\_ Issued By: \_\_\_\_\_

