



Burford Administration Office  
26 Park Ave, P. O. Box 160  
Burford, Ontario N0E 1A0  
(519) 449-2451  
[bylawenforcement@brant.ca](mailto:bylawenforcement@brant.ca)  
[www.brant.ca](http://www.brant.ca)

## REFRESHMENT SALES LICENSE APPLICATION FORM

### Completion Instructions

1. If the application is for a fixed location, please contact the County Zoning Administrator at 519-442-6324 to verify that the proposed location does not contravene the County Zoning By-law.
2. Attach proof of zoning compliance.
3. Ensure Health Unit and Propane certification sections are completed.
4. Attach Business registration documents.
5. For ice-cream vendors attach a list of driver's verifying compliance with age restriction.
6. Attach a cheque, payable to the County of Brant.
7. Apply in person to the Burford Office at the address shown above with photo identification and proof of age.

If you require additional information please contact the Licensing Officer at 519.449.2451 x 2219.

### Rates:

- Hotdog Cart / Chip Wagon**  \$286.08 yearly  \$140.44 - 6 months  \$57.78 Daily  
**Catering Truck**  \$286.08 yearly  
**Ice-cream Vendor**  \$104.03 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 fueled 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:** \_\_\_\_\_

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*Personal information collected herein will be used for the purpose of licensing, regulating and by-law enforcement and will be provided to Law Enforcement personnel. Managed in accordance with the Municipal Information and Protection of Privacy Act.*