County of Brant

519-449-2451 Fax: 519-449-2454 1-888-250-2297 www.brant.ca



County Administrative Building

26 Park Ave P.O. Box 160 Burford ON, N0E 1A0

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 or 1-888-250-2296 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 License Administrator at 519-449-2451 or 1-888-250-2295 ext 2219.

Rates:				
Hotdog Cart / Chip Wagon	☐ \$283.25 yearly	☐ \$139.05 - 6 months	☐ \$56.65 Daily	
Catering Truck	☐ \$283.25 yearly			
Ice-cream Vendor	☐ \$103.00 yearly			
Non-Profit Groups	☐ No charge			
Type of Business:				
☐ Sole Proprietorsh	nip 🗌 Partnership	☐ Corporation		
Please attach a copy of the business name registration, and incorporation documents or partnership registration as applicable.				
Name of Licensed Business:				
Name of Licensed Business.				
Contact:				
Mailing Address				
Phone:	-			
Proposed Business Location:				
If the very character and	is from a five disposion	a an Municipal Dranamt Council		
ii the refreshinent sale	e is irom a fixed location	n on Municipal Property Council	approvar is required.	
Vehicle Information (Complete all applicable sections)				
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Health Unit Certification	
	above has been inspected and meets the applicable requirements for food 03/17 pursuant to the Health Protection and Promotion Act, R.S.O. 1990, as
Medical Officer of Health or Designate:	Date:
Propane Certification	
Does the proposed refreshment sale require t	the use of 'propane fuelled' appliances?
If 'yes' above this certification must be con	npleted.
contractor, registered by the Fuel Safety Bran the propane appliances used for the refreshm	, being a certified propane fitter who is or is employed by a sch, of the Ministry of Consumer and Commercial Relations, have inspected nent sale as detailed above and have found that all of the propane fuelled with the Propane, Storage, Handling, and Utilization Code, Ontario S.O. 1990, as amended.
Signature:Da	ate
Applicant's Certification	
I hereby verify that the above informa bind the licensed business.	tion is complete and accurate, and that I have the power to
Signature:	Date:
Personal information collected herein will be provided to Law Enforcement personne	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.



Office Use Only Date Rec'd ______ Amt_____ Rcpt #______ Rcvd by: _____ **Business Registration Papers Attached:** □Yes □No Date: Inspected By: Site Inspection: Date Council Approval (Municipal Property) Insurance attached: ☐ Yes ☐ No **Refuse Container:** ☐ Compliance ☐ Non-Compliance - Details: _____ Compliance Non-Compliance – Details: Surface Treatment: Property Standards: Compliance Non-Compliance – Details: **List of Drivers Attached:** ☐ Yes ☐ No ☐ Not applicable **Outstanding Orders:** ☐ No Yes – Details: Date: Inspected By: **Fire Inspection:** Yes ☐ No Details of Non-compliance: Action:

Zoning Status:

License: Approved Denied Lic# Issued By:

