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**Town of Smooth Rock Falls**  
**142 First Avenue, Smooth Rock Falls, ON**

**FOOD VENDING VEHICLE & PORTABLE VENDOR  
LICENCE APPLICATION**

**SECTION 1 – APPLICANT INFORMATION**

Name	
Address	
City	Postal Code
Date of Birth (Y/M/D)	Telephone Number
Drivers' Licence Number:	
Identification Document:	

**SECTION 2 – BUSINESS INFORMATION**

Name of Business
Business Address
Business Mailing Address if different from above
Do you presently operate a business in the Town of Smooth Rock Falls? If so, please describe the nature of the business.
Have you operated a business in other municipalities within the last year?

**SECTION 3 – FOOD VENDING / PORTABLE VENDOR VEHICLE INFORMATION**

Make and Model of Vehicle	Licence Plate
Description of food/goods/refreshments to be sold/rented	
How will they be prepared? (if applicable)	

Is there any fuel burning equipment involved ie propane or other? (if applicable)
Please provide details surrounding the containment and disposal of water, grey water, and grease (if applicable):

**SECTION 3 – LICENCE DETAILS**

Please select the Licence for which you are applying for. See By-law 2024-15 for more information.

	Licence Type	Licence Fee
	Class 1 – Stationary Day	\$100 (max 7 day Licence)
	Class 2 – Stationary Temporary	\$275 (max 5 month Licence: May 1 – September 30) Plus \$75.00 per month
	Class 3 – Ice Cream/Hot Dog Cart	\$275 (max 5 month Licence: May 1 – September 30) Plus \$75.00 per month

Please select the proposed operating location and dates. See By-law 2024-15 for more information.

Location: Kelly Park (Please circle one of the following)	Proposed Dates:
Lot 1    Lot 2    Lot 3    Lot 4    Lot 5	

**SECTION 4 – REQUIRED DOCUMENTS**

Please note that your application will not be processed unless all the required documents are submitted together with your application.

	Required Document	Date Received (Office Use Only)	Authorized Signature (Office Use Only)
	Porcupine Health Unit Certificate		
	Building Department Approval		
	Fire Department Approval		
	Proof of Liability Insurance		
	Criminal Record Check		
	TSSA Approval		

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**PAYMENT OPTIONS:**

- E-transfer to [kayline.geoffroy@townsrf.ca](mailto:kayline.geoffroy@townsrf.ca)
  - Include the following in a separate email:
    - Name of payee
    - Address of payee
    - Phone number of payee
    - Payment amount
    - Invoice number
    - Reason for payment
- Mail cheque payable to the Town of Smooth Rock Falls, PO Box 249, Smooth Rock Falls, ON, P0L 2B0
- Pay in person at the Town Hall at 142 First Ave, Smooth Rock Falls, ON via Debit, cash, or cheque.
- After-hours drop box at the Town Hall front door at 142 First Ave, Smooth Rock Falls, ON. Insert envelope with a cheque (no cash).

**BY SUBMITTING THE WITHIN APPLICATION, YOU ALSO ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE FOLLOWING DECLARATION:**

**Applicant Declaration**

**I, the undersigned applicant, hereby certify that:**

1. I acknowledge that I have read and understand the terms and provisions of the By-Law 2024-15 and any other applicable by-laws.
2. I shall comply with all applicable by-laws, codes, rules, and regulations that are applicable to the operation of a Food Vending Vehicle within the Town of Smooth Rock Falls, which includes but is not limited to, Town of Smooth Rock Falls By-Laws, the Building Code Act, the Fire Protection and Prevention Act and regulations thereunder.
3. I understand that I am not permitted to carry on the trade of business in the Town of Smooth Rock Falls with respect to which this application for License is being made unless and until this application has been approved by the Council of the Corporation of the Town of Smooth Rock Falls and/or the Licensing Officer and the necessary License is issued.
4. I shall provide, as requested, any additional information required by the Town of Smooth Rock Falls in issuing this Licence.
5. I understand that if any of the information included in this application is deemed to be incorrect or falsified after the issuance of the license, the license shall be immediately revoked.

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Applicant Signature

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Date

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Licensing Signature

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Date

**Schedule "B" to By-law 2024 -15**

**Designated Town Property**

Designated Location
Kelly Park

