

Food Vending Agreement Application

Applicant Information					
Name:					
Current address:					
Contact Email:				Conta	ct Phone:
Permit Renewal					
☐ Yes ☐ No		ſ	Requested	dates or	period from/to:
If renewal, date of expiry of old permit:					
Requested Vending Location					
On Street Vending	ocation:				
Park/Trails					
Details of Vending Unit					
Type of Unit Cart Trailer *If the unit is a cart or trailer, please include a copy of	the tow vehi	Food Tru			
Length of Unit (max including tow hitch):	the tow veni	11134	Tarroc		
Type of Tow Vehicle:				Lenath	n of Tow Vehicle:
Will your vehicle remain on site:		No			
Please attach a recent photo of vending unit:		Attached			
Cooking/Vending Facilities					
Does unit use propane:		Yes		No	
Does unit have an attached awning or canopy:		Yes		No	
If unit has an awning or canopy state dimensions:					
Does unit have generator:	n board		portable	□ n	one
Make and model of generator, if equipped:			•		
Type of Food/Product to be sold:					
Additional Permitting Requirements (please do not submit until <u>all</u> requirements are met and attached)					
City of Chilliwack Fire Department Inspection Completed:		Yes		No	
Public Liability Insurance with \$5 million coverage:		Yes		No	(City of Chilliwack must be named as insured)
Valid ICBC Insurance for Food Truck/Tow Vehicle/Cart/Tra	ailer:	Yes		No	
Mobile Outdoor Food Service Equipment Gas Approval Pe	ermit:	Yes		No	(BC Safety Authority/Technical Safety BC)
Mobile Food Service Unit Operating Permit:		Yes		No	(Fraser Health Authority)
Food Safe Certificate(s):		Yes		No	
City of Chilliwack Business License:		Yes		No	(Will be obtained after permit is approved)
Colour Pictures of Vending Unit:		Yes		No	
Please do not submit application until all required documents are attached and application is complete. We will not accept incomplete forms					
Signature of applicant:					Date:
Please initial to indicate that you have received a copy of Policy Directive No. G-17 "Regulation of Commercial Activities on Public Lands".					
Please submit the completed application to:					
- By mail or hand delivery:	City of Chilliwack Operations Department 44390 Luckakuck Way Chilliwack BC V2R 4A7				
- By Fax to:	604 793 22	285			
- By Email to:	operations	@chilliwa	ack.com		