

City of Corner Brook

Mobile Vending Permit

File # _____

Permit # _____

Name or Company: _____

Address: _____

Telephone: _____

Request Permit to Sell

- Type of Food/Goods _____
- At What Location _____
- At What Time _____
- At What Dates _____

If Location is on Private Property, consent must first be obtained from property owner.

Required Length of Permit: Seasonal ____ Annual ____

 3 Months ____ 1 Month ____ Permit

 Weekly ____ Daily ____ Cost: _____

I, the undersigned, agree and understand that under the Section 5 of the City of Corner Brook Mobile Vending Regulations. "any person selling food or goods with the City limits of the City of Corner Brook or who desires to obtain a permit therefore shall obtain all other necessary permits and shall comply with all acts and regulations governing such as sales whether such permits or regulations or law shall be Federal, Provincial or Municipal in origin".

Applicant's Signature _____

Approval

Permission is hereby granted, subject to Section 5 of the City of Corner Brook Mobile Vending Regulations.

To _____ On _____
to sell the product(s) indicated above at the approved location, dates and times

Authorized Signature _____

Comments
