## Application Form



Cash Receipt No.: \_

## **MOBILE VENDOR LICENCE**

Cheque No.: \_

Saskatoon	Date of Application:	File No.:
☐ Attach written approval from ☐ Attach a map indicating the ☐ Attach copy of \$2,000,000 I City of Saskatoon as an "Ac  Vending Applications are accepted."	n the Saskatchewan Health on the Business Improvement location(s) the vending cart(iability insurance for the open ditional Insured"	` ' ' '
BUSINESS INFORMATION		
Business Owner / Contact:	First Name	Middle Initial Last Name Postal Code:
Business Phone:	Cell:	Fax:
Products to be sold:		ebsite:
DECLARATION OF OWNER / A	APPLICANT	
I agree to abide by all laws and regulations, agencies. I also agree to save the City harmless of all		the vending operation and must satisfy all levels of government
·	•	ocation for failure to meet one or more of the regulations.
		are true, and I make this solemn declaration conscientiously made under oath, and by virtue of <i>The Canada Evidence Act</i> .
Signature of Applicant:		Date:
Mail in or drop off the application fee along of City of Saskatoon, Community Stand City Hall, 3 <sup>rd</sup> Floor – 222 3 <sup>rd</sup> Avenue Make cheques payable to: <b>City of Sa</b> For more information, contact us at: <b>busine</b>	lards North, Saskatoon, SK S7K 0J5 askatoon	
Visit our website for additional information:		
FOR OFFICE USE ONLY:		
Business ID: Zoning Designation:		oved by: Date:
		Region: SHR Expiry:
Comments:		

Amount Paid: