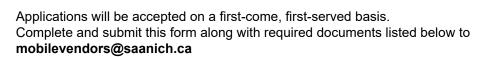
Saanich Parks Mobile Food Vendor Application





| Applicant Deta | ils | | | | | | |
|---|----------------|----------------|-------------------|---|------------------|---------------|---------------|
| Business Name | : | | Contact Name: | | | | |
| Email: | | | Phone: | | | | |
| Mailing Address | : | | | | | | |
| - | Number | ; | Street | City | | Р | ostal Code |
| Vehicle Type: | Truck | Trailer | Other: | | | | |
| Description of go | ods offered: | | | | | | |
| | | | | Power Source: | Generator | Other: | |
| Ideal Hours of Op | peration: | | | | | | |
| Preferred Park: | | | | Alternative Park: | | | |
| Preferred Date(s |): | | | | | | |
| Alternative Date(| s): | | | | | | |
| Application Rec | guirements | | | | | | |
| Please include the | | with your ap | plication form: | : | | | |
| Sample menu | • | , . | • | | | | |
| Picture of the | | vendor set i | up | | | | |
| Copy of liability insurance with 'District of Saanich' listed as additional insurer | | | | | | | |
| Valid business | s license (mu | ıst be valid i | in Saanich) | | | | |
| Island Health certification | | | | | | | |
| Saanich Fire | department i | nspection re | port | | | | |
| FOODSAFE o | ertificate | | | | | | |
| Waste disposa | al plan | | | | | | |
| Freedom of In | formation and | Protection of | f Privacy Act. Th | er the Local Government Act, C ne information will be used for p acy Officer at: 770 Vernon Aven foi@saanich.ca. | processing the S | aanich Mobile | e Food Vendor |
| I declare that I ha | ave read and a | agree to adhe | ere to the terms | of the Mobile Food Vendors Re | equirements. | | |
| Signature: | | | | Date Signed: | | | |
| L | Saani | • | • | t in booking the park as a mobi accommodate your request an | | n soon. | |