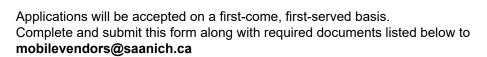
Saanich Parks Mobile Food Vendor Application





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.	