

WEST HANTS REGIONAL MUNICIPALITY

76 Morison Drive, PO Box 3000

Windsor, NS B0N 2T0

Phone 902-798-8391 Ext 115

www.westhants.ca



West Hants
something inspiring awaits

APPLICATION FOR VENDOR’S LICENSE

APPLICANT’S NAME: _____

FULL ADDRESS: _____

EMAIL ADDRESS: _____

COMPANY REPRESENTING: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

BUSINESS ID NUMBER: _____

DESCRIPTION OF ARTICLES BEING SOLD

PROPOSED LOCATION OF VENDING (Civic Address and PID)

VEHICLE: MAKE _____ YEAR _____ LICENSE NO _____

I hereby apply for a Vendor’s License and include the following with this application:

- | | |
|--|--|
| <input type="checkbox"/> Written Authorization from Property owner | <input type="checkbox"/> Copy of Food Establishment Permit |
| <input type="checkbox"/> Copy of Vehicle Permit, MVI and Insurance | <input type="checkbox"/> Copy of Food Handling Certificate |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Copy of Municipal Fire Inspection |
| <input type="checkbox"/> Processing Fee (Cheques payable to: “West Hants Regional Municipality”) | |

Date: _____ Applicant: _____

<p>For Office Use Only</p> <p>Application Processed: _____</p> <p>Receipt No.: _____</p> <p>Expiry Date: _____</p> <p>Special Concerns: _____</p>
