

## Mobile Food Vendor Business License Application

### For Office Use Only:

Application Date: \_\_\_\_\_ FV \_\_\_\_\_ CUST ID: \_\_\_\_\_ Total Fees Due: \_\_\_\_\_

#### Application Type (Check and complete all that apply)

- Mobile Food Cart, Trailer or Truck **\$150** (annual fee)
- Mobile Food Bicycle **\$50** (annual fee)
- Change of Information **No Fee**
- Mailing Address Previous Address: \_\_\_\_\_
- Business Name Previous Business Name: \_\_\_\_\_
- Ownership Previous Owner: \_\_\_\_\_

#### Applications must be submitted as a complete package for the review process to begin.

Forward the completed application form and payment to:

OR email application to [solutions@citypa.com](mailto:solutions@citypa.com)

The City of Prince Albert  
Planning & Development Services  
1084 Central Avenue  
Prince Albert SK S6V 7P3

Please make the cheque payable to: The City of Prince Albert

#### Business Information (Please print clearly)

I do not want this address on the Business License Directory

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Unit/Building #      Street Name      City      Province      Postal Code

Owner Name: \_\_\_\_\_ Contact (if different than Owner): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

\*PST #: \_\_\_\_\_ \*ISC Entity #: \_\_\_\_\_

**\* AT LEAST ONE OF THE NUMBERS IS REQUIRED**

Number of Employees (Including self):      Full Time \_\_\_\_\_      Part Time \_\_\_\_\_

I would like to be contacted by the Main Street Association.

Type of Mobile Food Unit:       Bicycle       Cart       Trailer       Truck

Dimensions of Unit: Height: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Weight: \_\_\_\_\_

Type of food and/or beverages being sold: \_\_\_\_\_

#### Please provide the following approvals:

- Approval from the Prince Albert Health District
- Fire Inspection Approval
- SaskPower Gas Inspection, if required.
- Discharge Management Plan
- Photographs of the unit or truck being used.
- Proof of Liability Insurance with a minimum liability limit of \$5,000,000 with the City of Prince Albert named as an additional insured.

**City Locations** (Please indicate where you will be operating)

- Residential Roads
- Rotary Trail
- At on-street metered parking along River Street East between Central Avenue and 1st Avenue East
- At on-street metered parking along 10th Street East between Central Avenue and 1st Avenue East
- Adjacent to Kinsmen Park, north of 26<sup>th</sup> Street East and 26<sup>th</sup> Street West
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Privately Owned Locations** (Please include any written approval letters in the application package)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please Note: This is an application only.**

If your application is approved, you will receive confirmation from Planning & Development Services. Your application is not approved until you receive your license from The City of Prince Albert.

**You may be required to apply for additional permits or site inspections with Planning & Development Services or other City Departments before your application may be approved.**

- ❖ The *Business License Bylaw No. 32 of 2020* requires all businesses to obtain a Business License before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application (mailing address, ownership, business name) requires a new application to be submitted to Planning & Development Services in order for the license to be updated and considered valid.
- ❖ The City of Prince Albert license must be displayed prominently at the place of business.

For more information on licensing requirements, please call 306.953.4884 or visit our website at [www.citypa.ca](http://www.citypa.ca).  
For more information on City bylaws and policies, please visit our website at [www.citypa.ca](http://www.citypa.ca).

**Acknowledgement of Responsibility:**

- I am aware of and have read the *Mobile Food Vendors Policy*.
- I agree to operate my business as outlined in the *Mobile Food Vendors Policy*.
- I agree to operate my business as required under the *Business License Bylaw*.
- I am aware that a business license is non-transferable for ownership, use or location change without reapplication for the change of information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Planning & Development Services Only:**

**Last Update: April 4/24**

FV \_\_\_\_\_ \$ \_\_\_\_\_ (10-25-110-000-00000-5210) Application reviewed & approved by:  PW  CS  Not required

Requested By (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Approved By (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Payment Type: Cash  Cheque  Receipt #: \_\_\_\_\_ To be Invoiced  E-transfer

**For Financial Services Only:**

Invoice #: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Approval: \_\_\_\_\_