



Township of Clearview
**Food and Merchandise
Vendor Permit Application**

Type of Vendor

Refreshment or Food Merchandise

Class of Vendor

Class A Class B

Cost of Application: \$ _____

Vendor Information

Name (Photo ID Required)	
Business Name (if applicable)	
Home Address	
Business Address	

Location (Event) of Vending:

Name of Event or Property Owner	
Date(s) of Event or Vending	
Location Address	

Type of Vehicle/Apparatus (Photograph to be provided)

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Type of refreshment/food/merchandise to be provided

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Have you contacted the Simcoe Muskoka District Health Unit?

Yes No

Date of Issue: _____ Permit Number: _____

Liability Insurance

Vendors are to provide proof of insurance in the amount of \$2 million dollars with the Township of Clearview named as an additional insured (if applicable). Copy to be attached.

Insurance Company: _____ **Policy Number:** _____

Written Approval

This is required from property owner for where the vending will take (if applicable). Copy of approval to be attached.

Written Approval Provided: Yes No

Notice with respect to Collection of Personal Information

This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001, c. 25, Section 23(1) as amended. The information will be used in respect to reviewing the application and issuing a vendor permit. Personal Information will be disclosed to the Clerk’s Department in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56 as amended. The information submitted will form part of the public record and may be reviewed at an open meeting of the Creemore Business Improvement Association Board if there is a proposal to vend in the jurisdiction. For more information, please contact: Joseph Paddock, Supervisor By-law Enforcement (705) 428-6230 ext. 241

Township Use Only

Documentation

Circulated to the following Clearview Departments or entities:

- Building Department Approved By: _____
- Clearview Fire Department Approved By: _____
- Public Works Approved By: _____
- Planning & Development Department Approved By: _____
- Creemore BIA Comments Received (if applicable) Yes No

Approval Checklist

Health Unit Permit Valid: Yes No

Insurance Policy Valid: Yes No

Written Approval: Yes No
(Property owner, if required)

Permit Issued: Yes No

Date of Issue: _____ **Expires:** _____
(Copy of policy to be given to vendor with the permit)

Reason(s) if permit is not issued: