



# MOBILE FOOD & BEVERAGE VENDING PERMIT APPLICATION

The information requested in this application is necessary to fully evaluate your request for a Mobile Food and Beverage Vending Permit (MFBVP). **Completion of this form does not guarantee approval of a MFBV Permit, therefore, business must not commence before a MFBV Permit is issued.** Applicants should review the Mobile Food and Beverage Vendor Policy to ensure their applications include all the necessary information. Delta staff manage this process, all comments and questions should be directed accordingly.

Type of Application:      New ☐      Change of Address ☐      Change of Owner ☐

PART 1. BUSINESS INFORMATION – Complete all fields		
TRADE NAME:		DBA: (if applicable)
OWNER NAME:		
MAILING ADDRESS:		
EMAIL ADDRESS:		HOME PHONE NO.:
MOBILE NO.:		BUSINESS PHONE NO.:
PART 2. MOBILE FOOD & BEVERAGE VENDING UNIT (per unit)		
MOBILE FOOD UNIT	FEE	APPROVED
Trailer	<input type="checkbox"/> \$375    Waived	<input type="checkbox"/>
Truck	<input type="checkbox"/> \$375    Waived	<input type="checkbox"/>
Cart	<input type="checkbox"/> \$375    Waived	<input type="checkbox"/>
PART 3. BUSINESS INFORMATION		
<p>The Business Information section collects data about the local economy. The information provided is summarized and analyzed to measure trends in the local economy.</p> <p><b>OWNERSHIP STRUCTURE :</b> (check one)</p> <p><input type="checkbox"/> 1. Proprietorship (single owner, not incorporated) <input type="checkbox"/> 2. Partnership (multiple owners, not incorporated) <input type="checkbox"/> 3. Limited company (incorporated) <input type="checkbox"/> 4. Other: _____</p> <p><b>What year was the business established in Delta?</b> _____</p> <p><b>TYPE OF BUSINESS:</b> (check one)</p> <p><input type="checkbox"/> Locally owned and operated (independent) <input type="checkbox"/> Franchise <input type="checkbox"/> Branch (head office outside Delta) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Business not located in Delta</p> <p><b>PRINCIPAL MARKETS:</b></p> <p><b>What are the current principal markets for your products/services?</b> (check all that apply)</p> <p><input type="checkbox"/> Local -- Delta area <input type="checkbox"/> Lower Mainland <input type="checkbox"/> Provincial <input type="checkbox"/> Other: _____</p> <p><b>BUSINESS PREMISES:</b></p> <p><b>Do you</b> <input type="checkbox"/> Lease / Rent or <input type="checkbox"/> Own <b>your business premises?</b></p>		

**PART 3. APPLICANT'S ACKNOWLEDGEMENT**

I, hereby, make this application for a licence in accordance with the particulars as stated in this application and declare that the information in the application to be true and correct. I undertake to supply the City of Delta all documents, paper or certificates both requested by this office or required by federal, provincial or local government acts and regulations. I undertake to comply with all bylaws of the City of Delta and all other laws now in force or which may hereafter come into force. I also understand, payment of the business licence fee in advance does not guarantee approval of the licence and ***I cannot commence business until a business licence has been issued.***

I understand that the City of Delta retains the right to use any designated mobile food vending location or request that the location be vacated for the City's use during a special event, or an event sanctioned by the City at any time.

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

Personal information provided on this form is collected under the authority of the *Community Charter, Freedom of Information and Protection of Privacy Act* and the *Business Licence Bylaw*. Your business name, address, telephone number, email and website address may be released in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection or release of your personal information may be referred to the Freedom of Information Coordinator, City Hall, 4500 Clarence Taylor Crescent, V4K 3E2, at 604-946-3259.

**MAILING ADDRESS:** City Hall West, 4500 Clarence Taylor Crescent, Delta, BC V4K 3E2  
**E-mail:** businesslicences@delta.ca

APPROVAL DATE	GENERAL MANAGER, ENGINEERING
APPROVAL DATE	GENERAL MANAGER, PARKS, RECREATION & CULTURE