



Food Vending Agreement Application

Applicant Information			
Name:			
Current address:			
Contact Email:		Contact Phone:	
Permit Renewal			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Requested dates or period from/to:	
If renewal, date of expiry of old permit:			
Requested Vending Location			
On Street Vending <input type="checkbox"/>	Location:		
Park/Trails <input type="checkbox"/>			
Details of Vending Unit			
Type of Unit	Cart <input type="checkbox"/>	Trailer <input type="checkbox"/>	Food Truck <input type="checkbox"/>
Length of Unit (max including tow hitch):			
Type of Tow Vehicle:		Length of Tow Vehicle:	
Will your vehicle remain on site:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please attach a recent photo of vending unit:		<input type="checkbox"/> Attached	
Cooking/Vending Facilities			
Does unit use propane:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does unit have an attached awning or canopy:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If unit has an awning or canopy state dimensions:			
Does unit have generator:	<input type="checkbox"/> on board <input type="checkbox"/> portable <input type="checkbox"/> none		
Make and model of generator, if equipped:			
Type of Food/Product to be sold:			
Additional Permitting Requirements (please indicate if you have)			
City of Chilliwack Business License:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City of Chilliwack Fire Department Inspection Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Liability Insurance with \$5 million coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile Outdoor Food Service Equipment Gas Approval Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(BC Safety Authority)	
Food Safe Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile Food Service Unit Operating Permit :	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Fraser Health)	
Valid ICBC Insurance for Food Truck/Tow Vehicle/Cart/Trailer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> Copies of the above permits/certificates will be required to be submitted upon final approval of the Food Vending Permit 			
Signature of applicant:			Date:
Please initial to indicate that you have received a copy of Policy Directive No. G-17 "Regulation of Commercial Activities on Public Lands". _____			
Please submit the completed application to:			
- By mail or hand delivery:	City of Chilliwack Operations Department 8550 Young Road Chilliwack BC V2P 8A4		
- By Fax to:	604 793 2997		
- By Email to:	operations@chilliwack.com		