



**THE CORPORATION OF THE MUNICIPALITY OF BAYHAM**

56169 Heritage Line  
P.O. Box 160  
Stratfordville ON N0J 1Y0  
Ph. 519-866-5521 Fax 519-866-3884

**APPLICATION FOR REFRESHMENT VEHICLE LICENCE**

(only on private property zoned for commercial use)

BY-LAW 2009 – 086 (As amended by By-law 2014-069)

LICENCE FEE: \$500 ANNUALLY

**REFRESHMENT VEHICLE** – shall mean any vehicle from which refreshments are sold for consumption by the public and includes, without limiting the generality of the foregoing, carts, wagons, trailers and trucks, irrespective of the type of motive power employed to move the refreshment vehicle from one point to another.

Please contact the Southwestern Public Health Office at 1230 Talbot St, St. Thomas at 1-800-922-0096, with respect to this application. An inspection by the health unit will be required prior to sales from the refreshment vehicle.

DATE: \_\_\_\_\_

LICENCE NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

PLEASE ATTACH:

- Confirmation of minimum of \$2,000,000.00 comprehensive liability insurance
- Written proof of the property owner (s) permission for placement of a refreshment vehicle on private property zoned for commercial use
- Photograph of the refreshment vehicle
- Site Plan Drawing indicating the location on site, parking area, ingress/egress
- Confirmation of washroom facilities – portable or permanent

PROPOSED LOCATION FOR REFRESHMENT VEHICLE: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_ DATES OF OPERATION: \_\_\_\_\_

ACCESSORY ITEMS REQUIRED: \_\_\_\_\_

REFRESHMENT VEHICLE NAME: \_\_\_\_\_

OWNER'S NAME (S): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ Ontario

Postal Code: \_\_\_\_\_ Home Ph # \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Email Address: \_\_\_\_\_

TYPE OF FOOD TO BE SOLD: \_\_\_\_\_

\_\_\_\_\_

PROPERTY OWNER(S) NAME: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Home Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

I/We hereby acknowledge that I/we are responsible to comply with all applicable by-laws and Provincial and Federal legislation and regulations and this license does not exempt me/us from any applicable statute, regulation, or code of any legislative, administrative, or governmental authority, including but not limited to, approvals under the T.S.S.A. and I/we shall obtain and pay for any and all required permits.

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in the Municipality of Bayham By-law Number 2009 - 086.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Applicant

***The information provided in this application will be available for public inspection.***

**OFFICE USE ONLY**

AMOUNT DUE: \$500.00

DATE FEE PAID: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

PLANNING DEPARTMENT

BUSINESS LOCATION: \_\_\_\_\_

OFFICIAL PLAN DESIGNATION: \_\_\_\_\_

ZONING DESIGNATION: \_\_\_\_\_

PERMITTED USE:  NO  YES

PLANNING APPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ADMINISTRATIVE SERVICES

DATE APPLICATION RECEIVED: \_\_\_\_\_

DATE APPLICATION CIRCULATED: \_\_\_\_\_

BUILDING DEPARTMENT COMMENTS DATE: \_\_\_\_\_

FIRE SERVICES COMMENTS DATE: \_\_\_\_\_

PUBLIC WORKS DEPARTMENT COMMENTS DATE: \_\_\_\_\_

HEALTH UNIT COMMENTS DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_