



FOOD TRUCK APPLICATION

A. BUSINESS AND APPLICANT INFORMATION

Name of Truck: _____

Circle One: Sole Proprietorship Partnership Incorporated (Corporate Number)

Owner Name(s)/Corp Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Partners: _____

B. GENERAL APPLICATION REQUIREMENTS

The following items must be submitted with the application

Valid Public Liability Insurance: Yes _____ No _____

Valid Food Handler Certificate: Yes _____ No _____

Valid Driver's License: Yes _____ No _____

TSSA Approval: Yes _____ No _____

Propane Inspection: Yes _____ No _____

Ownership: Yes _____ No _____

Valid Vehicle Insurance: Yes _____ No _____

Copy of Menu: Yes _____ No _____

Photos of Food Truck: Yes _____ No _____

Dimensions of the Truck (trailer) _____

Plan for Containment and disposal of grey water, grease, and garbage (please attach)



C. PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES

Fire Dept.: 519-621-6001, 1625 Bishop Street, Cambridge, ON, fire@cambridge.ca

Signature: _____ Date: _____

Public Health Dept.: 519-575-4400, 99 Regina St S, Waterloo, ON

Signature: _____ Date: _____

Incomplete applications will not be accepted.

I certify that the information is accurate and complete and understand that any false or incomplete information may invalidate my application and any permission, approval or permit I have been granted.

Signature: _____ Date: _____

*Personal information contained on this form is collected pursuant to the authority outlined in the Municipal Freedom of Information and **Protection of Privacy Act Section 28 (2)** and **will be used for Business Licensing purposes.** Questions about this collection should be directed to the Business Licensing Officer 519-623-1340 ext.4581 Questions in regard to the collection and use of personal information should be directed to the Supervisor of Information Management and Archives at 519.740.4685, ext.4583 or at FOI@cambridge.ca.*