**APPLICATION FOR STREET VENDOR PERMIT ll**

***(For Vendors operating within Village limits for 22 or more business days per calendar year)***

**Business name:**

Applicant / Owner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­

Village of Valemount Business License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hm Ph. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk Ph. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a renewal of an existing Street Vendor Permit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a change in location from the previous year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Proposed location permitted in the Street Vendor Bylaw or previously approved by Council?\_\_\_\_\_\_\_\_

If no, for what period of time are you requesting use of the alternative location? (Max 3 yrs)\_\_\_\_\_\_\_\_\_\_\_\_

Is Proposed Location on private property?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, the following documents are attached.  Current State of Title Certificate

 Letter of Permission from Property Owner

Proposed Days of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Hours of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your business be operating for more than 21 days within a calendar year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are signs to be placed at the Location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If yes, a separate sign application must be submitted and approved. Sign Permit Fees do apply.)*

**Please provide a brief description of the goods and/or services you will be providing:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**The following required documents are attached:**

 Photo of Vending Unit & Signage (please include sign measurements)  Approved Sign Permit Application

 Proof of Recent Vehicle Inspection or Vehicle Insurance  Sign Permit Fee Paid

 Proof of Northern Health Approval (If applicable)  Proof of Liability Insurance

($2million coverage)

 Proof of Certificate of Inspection from BCSA (if using propane)

**Dated this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**

**SIGNATURE OF APPLICANT:**

***Please be advised of the following:***

* ***The above must be completed and signed before the application process can begin. Submission of incomplete applications may result in processing delays.***
* ***Fees are due and payable upon approval of the application.***
* ***Use of Alternative Venues may be requested. For Street Vendor Permit II, Council will grant use of venues not listed in the Street Vendor Bylaw for a maximum of 3 years. This request is subject to an application fee and is separate from annual Street Vendor Permit Fees.***
* ***If an Alternative Venue (Street Vendor Permit II) is being requested, please allow up to 6 weeks for Council Approval.***

# **OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Yearly Fee Pd ($800.00) |  | Receipt No. |  |
| Alternative Location Application? |  |  |  |
| Council Mtg Date (Initial Consideration) |  | Approval to Proceed- Notify Public/Hearing (Res #) |  |
| Public Hearing Advertised |  | Letters to Public mail date |  |
| Alternative Location Approved? |  | Resolution No. |  |
| Alternative Location Fee Pd ($450.00) |  | Receipt No. |  |
|  |  |  |  |

Comments:

Approved this \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20­\_\_\_\_

 Corporate Officer

 Chief Administrative Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature