Application Form



Cash Receipt No.: _

MOBILE VENDOR LICENCE

Cheque No.: _

Saskatoor	1 Date of Application:		File No.:
Attach written approval from Attach a map indicating the	om the Saskatchewan Health om the Business Improvement the location(s) the vending can boliability insurance for the open Additional Insured" ted each year beginning J	ent District (if appliant(s) will be opera peration of a Mobi	cable) ting ile Vending Cart and name the March 31st on a first come, first
BUSINESS INFORMATION			
Business Trading Name: Business Owner / Contact: Mailing Address:	First Name	Middle Initial	
Business Phone:	Cell:		Fax:
Products to be sold:			
DECLARATION OF OWNER /	APPLICANT		
I agree to abide by all laws and regulations agencies. I also agree to save the City harmless of a			ion and must satisfy all levels of government
I understand the City reserves the right to I hereby certify that all the above statemen believing it to be true, and knowing that it i	nts contained within this application	n are true, and I make	e this solemn declaration conscientiously
Signature of Applicant:			Date:
Mail in or drop off the application fee along City of Saskatoon, Community Star City Hall, 3 rd Floor – 222 3 rd Avenue Make cheques payable to: City of For more information, contact us at: busi Visit our website for additional information	ndards e North, Saskatoon, SK S7K 0J5 Saskatoon ness.license@saskatoon.ca or o	call 306-975-2760	ipporting documents to:
FOR OFFICE USE ONLY:			
Business ID:			
Zoning Designation:		•	Date:
		Region:	SHR Expiry:
Comments:			

Amount Paid: