



Mobile Vendor Application

ALBERTA BEACH
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Alberta Beach, Alberta
T0E 0A0

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**Mobile Vendor or
Hawker/Peddler Application**

Cost for Permit \$ _____ (as per Bylaw 261-18)
Payment processed by Alberta Beach. Paid – Y / N

Name (Trade or Business): _____

Mailing Address: _____

Telephone @ Work: _____ Home: _____ Fax: _____

Registered Owner (if different from above): _____

Mailing Address (if different from above): _____

Interest of Applicant (if not the registered owner): _____

I HEREBY MAKE APPLICATION UNDER THE PROVISIONS OF THE MOBILE VENDOR BYLAW FOR A PERMIT, IN ACCORDANCE WITH THE PLANS AND SUPPORTING INFORMATION SUBMITTED HERewith AND WHICH FORM PART OF THIS APPLICATION.

Signature of Applicant: _____ Date: _____

This information is being collected under the authority of Sec. 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used by the Development Authority to determine a development permit. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at (780) 924-3181.

MOBILE VENDOR

ICE CREAM TRUCK

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

FOOD TRUCK

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

TRAILER / VEHICLE

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

SIDEWALK PUSH CART

License Plate #: _____

TABLE / KIOSK

OTHER: Describe Unit (if not covered above):

HAWKER / PEDDLER

Products / Services Provided: _____

Signage

Yes? If Yes, describe what type of signage: _____

***Note: Sign location/s MUST be shown on site plan and approved by Village.**

Proposed Location(s) OR note if door to door sales are proposed

Civic Addresses: _____

All of the following must be provided for Mobile Vendors or Hawker/Peddlers

Checklist

- Site Plan provided?
(site plan must show the proposed location(s) of the Mobile Vendor and signage)
- Owner authorization provided?
- Copy of Alberta Health Services Food Handling Permit? (if required)
- A copy of Direct Sellers license? (if required)
- Public liability insurance documentation? (if required)
- Photo of mobile vending unit? (if required)
- A copy of other Provincial licenses as may be required?

OFFICE USE ONLY

Mobile Vendor Permit Application Fee \$ _____

Receipt # _____

PERMIT DECISION

Rendered by _____ Date Approved: _____

Hours of Operation/Days of Week: _____

Permit Expiry Date: _____

Special Conditions (if any): _____

If refused – Reasons for Refusal: _____
