



2020 Food Vending in City of Ottawa Parks Application Form

Applicant Information			
First name (Given name)		Last name (Surname)	
Address			
City	Province		Postal code
Home telephone number		Work telephone number	Cell number
Fax number	E-mail address		
Current food-related business name: (if applicable)			
Designated Space Selections			
<input type="checkbox"/> Food truck		<input type="checkbox"/> Food cart	
Select your top 5 vending locations from the list of available locations. Use the identification number listed beside the location to make your selections.			
Preferred location #1:			
Preferred location #2:			
Preferred location #3:			
Preferred location #4:			
Preferred location #5:			
Only one space will be allocated to a successful applicant based on the availability of the space and the applicant's scores as assigned by the Selection Panel.			
License Term Selection			
July 1 to October 31, 2020		I currently have a:	
		Mobile Refreshment Vehicle License	
		Cart Business License	
		Business License/Food Service License	
Acknowledgment			
I acknowledge that any approval to vend is granted under the provisions of the Business Licensing By-Law #2002-189 (as amended) and the Designated Space By-law #2007-478 (as amended) of the City of Ottawa and that if approved, I will observe, comply with and be governed by the provisions of those By-laws. .			
Municipal Freedom of Information and Protection of Privacy Act			
All personal information on this form is collected for the purposes of the City's Business Licensing By-Law (2002-189, as amended) and the Designated Space By-law (2007-478, as amended). This information will be used by City Staff for the administration and management of the City's license and permit systems under the By-laws. For further inquiries, contact the Manager of Licensing at 613-580-2424 ext. 25385, 735 Industrial Ave., Ottawa, Ontario, K1G 5J1.			
Signature:		Date(DD/MM/YEAR): ____/____/20____	
Consent to Disclosure (Optional)			
I hereby consent to the disclosure of my personal information (name, address, phone #, and regulated activity) related to this application to the general public (including other vendors and customers). This consent shall remain in effect until withdrawn in writing.			
Signature:		Date (DD/MM/YEAR): ____/____/20____	