



Food Delivery Service License Application

Personal information on this form is collected under authority of the Municipal Act, S.O. 2001 and will be used to process this application in order to determine eligibility to be licensed to operate a food delivery service within the Town of South Bruce Peninsula. The disclosure of this information is governed by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990. Inquires may be directed to the Clerk at 519-534-1400, ext. 122.

Applicant/Owner Information

Name: _____

Phone Number: _____

Mailing Address: _____

Email: _____

Owner Name (if different from applicant): _____

Food Delivery Service Business Information

Business Name: _____

Phone Number: _____

Documentation Checklist

The following checklist is provided to ensure that the applicant provides all required documentation in order to be considered for a license.

- Commercial General Liability Insurance Policy
 - Not less than \$5,000,000 per occurrence/\$10,000,000 aggregate; and
 - Insures against third party claims for bodily injury (including death), personal injury and/or property damage as a result of actual or alleged negligence; and
 - Insurance as above for each driver/vehicle if not owned by the business; and
 - Insurance coverage noted above shall be maintained in force throughout the term of the licence

- Photo of Sign to be Displayed on Vehicle

- Driver Information
 - Driver's License Number
 - Name, Contact Information
 - Vehicle Information
- License Fee
 - Non-refundable
 - As per Town Fee By-Law
- Location of Business
 - Mailing Address
 - Email Address
 - Phone Number
 - Zoning
- Names of Restaurants Using Service

Signature

As the applicant, I have read and understood the by-law which regulates the licensing of food delivery service businesses in the Town of South Bruce Peninsula. I have provided all documentation required by the Town when making application for a license. I hereby declare that all documentation and information provided is correct and that I have not made any false statements or misrepresentations.

Sign Name

Print Name

Date

Office Use

Application Filing Date: _____

Application Filing Fee Received: Amount: _____ Initials: _____

Date of Issue of License: _____ Initials: _____

Date of Refusal to Issue License: _____ Initials: _____

Date of Appeal to Council by Applicant: _____

Council Decision: _____