



## Town of Whitby

### Legal and By-law Services, By-law Services Division

Office Address: 3050 Garden Street, Unit 102, Whitby, ON L1R 2G7

Mailing Address: 575 Rossland Road East, Whitby, ON L1N 2M8

www.whitby.ca

## Refreshment Vehicle Licence Information

General Inquiry: 905.430.4907

- The application form must be fully completed in order to process the licence.
- Please refer to Refreshment Vehicle By-law # 7512-19.
- The following Licences are valid for the calendar year and expire on December 31<sup>st</sup> each year.
- Licences are not transferable and will not be prorated.

### Application – Check one

- Refreshment Vehicle – New (\$250)
- Refreshment Vehicle – Renewal (\$200)
- Refreshment Vehicle – Short Term Special Event (\$100)  
This Licence is valid for one event only.
- Refreshment Vehicle – Town Tender (\$0)  
Proof of documentation from Community and Marketing Services is required.
- Frozen Treat Vehicle – Non-Motor Vehicle (\$100)
- Frozen Treat Vehicle – Motor Vehicle (\$200)

### Checklist

Every Licence application to operate a Refreshment Vehicle shall include:

- Refreshment Vehicle Licence Fee (cash, cheque or debit);
- A photograph of the Refreshment Vehicle;
- A copy of the Vehicle or Trailer registration, where applicable;
- If a Motor Vehicle, a valid safety standards certificate issued by a provincially authorized Motor Vehicle inspection mechanic certifying that the Motor Vehicle to which the licence application relates complies in all respects with the applicable equipment and performance standards set out in the regulations made under the Highway Traffic Act, R.S.O. 1990, c.H.18, as amended, or any successor thereto;

- Indemnification and proof of Commercial General Liability insurance in the amount of two million dollars (\$2,000,000) for the sale of prepackaged foods or five million dollars (\$5,000,000) for when raw food is being cooked, and naming the Town as an additional insured. Proof of indemnification and insurance shall be on the prescribed Town form(s);

Please select the Refreshment Vehicle's insurance policy for which this Licence applies:

- Two Million (\$2,000,000) [Prepackaged & precooked foods only]
- Five Million (\$5,000,000) [Cooking of raw food]

- Proof of Automobile Liability insurance in the amount of two million dollars (\$2,000,000), coverage against claims for bodily injury and/or property damage for all licensed Motor Vehicles and related equipment owned or leased by the Applicant;

**Note:** It shall be the responsibility of the Licencee to ensure that all such insurance is renewed and kept in force and effect without interruption during the term of the Licence, and evidence of such insurance renewal must be submitted to the Town upon request.

- Where required for the sale of Refreshments from the Refreshment Vehicle, a valid proof of inspection and approval in writing from the Region of Durham Health Department or other regional health department for the period of time set out in the Licence; and
- Where the Refreshment Vehicle is fitted with propane or natural gas (except for "20-pound" or smaller sized propane or natural gas tanks), a current certificate issued within thirty (30) days of the date of the Refreshment Vehicle licence application, on the prescribed TSSA form, by a provincially authorized propane or natural gas fitter, as the case may be, certifying that the Refreshment Vehicle complies with the applicable equipment and performance standards as prescribed by the Province of Ontario.

**Owner/Licencee Information**

Business Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile Refreshment Vehicle

Stationary Refreshment Vehicle.

Stationary Operating Location: \_\_\_\_\_

### Refreshment Vehicle Products

List all products products for sale and consumption:

--

### Description of the Vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Colour: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

I, \_\_\_\_\_ (full name) solemnly declare that:

I am the person whose name appears directly above and I have the authority to make this application on behalf of the named business

I have fully and accurately completed this application form

This application discloses all facts known to me that are relevant thereto

Signature of Town of Whitby Staff	Signature of Applicant

Personal information on this form is collected under the authority of the Municipal Act, 2001, c. 25, and will be used to determine compliance with the provisions of the Town's Licencing By-Law. This information may be forwarded to various Town Departments and the Region of Durham for comment. Questions about this collection should be directed to the Town Clerk, 575 Rossland Road East, Whitby, Ontario, L1N 2M8, 905-430-4315.

### FOR OFFICE USE ONLY:

Fee: \$	Receipt #:	Town of Whitby Licence #:
---------	------------	---------------------------



# Certificate of Insurance

**Proof of liability insurance will be accepted on this form only (no amendments)  
 This form must be completed and signed by your insurer or insurance broker  
 Insurance company must be licensed to operate in Canada**

**This is to certify that the Named Insured, hereon is insured as described below**

Named Insured	Address of the Named Insured
Operations of the insured for which this certificate is issued:	

**Automobile Liability Insurance (minimum limit to be evidenced - \$2,000,000 unless otherwise required)**

Insuring Company	Policy Numbers	Amount of Coverage	Effective Date DD/M/YR	Expiry Date DD/M/YR
	Primary			
	Excess			

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased on a long term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

**Commercial General Liability Insurance (minimum limit to be evidenced - \$2,000,000 unless otherwise required)**

Insuring Company	Policy Numbers	Amount of Coverage	Effective Date DD/M/YR	Expiry Date DD/M/YR
	CGL	Per Claim/Annual Aggregate Deductible, if any		
	Excess Liability (if applicable)	Per Claim/Annual Aggregate		

Provisions of Amendments or Endorsements of Listed Policy(ies)

**Professional Liability – Claims Made Basis - Yes No**

Insuring Company	Policy Numbers	Amount of Coverage	Effective Date DD/M/YR	Expiry Date DD/M/YR
	Professional Liability	Per Claim/Annual Aggregate		
	Excess Professional Liability (if applicable)	Per Claim/Annual Aggregate		

- Is the limit inclusive of indemnity and claims expenses – Yes No
- If the policy is on a claims made basis have there been any claims notices given for this policy term Yes No

Commercial General Liability Insurance is written on an occurrence basis and is extended to include Premises Liability, Products/Completed Operations, Cross Liability and Severability of Interests Clause, Personal Injury Liability, Contractual Liability, Property Damage, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, and Contingent Employers Liability.

With respect to the Commercial General Liability Insurance excluding non owned auto coverage, The Corporation of the Town of Whitby, is added as Additional Insured but only with respect to liability arising out of the operations of the Named Insured.

Other Additional Insureds as per contractual conditions are as follows: (Note if Applicable)
--

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the Town of Whitby.

These policies shall not be cancelled or changed so as to reduce the coverage as outlined on this certificate without thirty (30) days, prior written notice by registered mail by the Insurer(s) to the Corporation of the Town of Whitby, Corporate Services Department, Purchasing Section, 575 Rossland Road East, Whitby, Ontario L1N 2M8.

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

Date: DD/M/YR	Broker/Insurer's Name, Address, Telephone, Fax and E-Mail:	Signature and Stamp of Certifying Official:
		Print Name