



**Township of Huron-Kinloss Application
Refreshment Vehicle Licence
Pursuant to By-Law 2006-50
(Office revised)**

Name: _____

Address: _____

Phone: _____

Email: _____

Business Name: _____

Location of Vehicle: _____

I have inspected the above referred refreshment vehicle and confirm that it complies with all Public Health regulations regarding same.

Medical Officer of Health

Date

Internal Use Only

Proof of Insurance attached:

Fee (as per Consolidated Fees By-Law):

Sketch or photo of Vehicle attached:

Approval from Property Owner (if applicable):

Circulation: Clerk Building and Planning By-Law Enforcement Officer

I have inspected the above referred to refreshment vehicle and confirm that it complies with all Fire Regulations regarding same.

Fire Chief

Date

Resolution of Council: _____

Date Issued: _____ License Number: _____