



PART: VENDOR BUSINESS  
SCHEDULE A: APPLICATION FOR VENDOR'S PERMIT  
(TO BE FILLED BY THE APPLICANT)

APPLICANT'S NAME: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
APPLICANT'S HOME ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: 1) \_\_\_\_\_ 2) \_\_\_\_\_

SIZE OF VENDING UNIT: \_\_\_\_\_  
TYPE OF VENDING SERVICE (According to the Town of Bashaw's Vendor's Bylaw): \_\_\_\_\_  
INCLUDE A CURRENT PHOTO OF VENDING UNIT (MANDATORY): YES/NO  
DESCRIBE SERVICE PROVIDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST AND PROVIDE COPIES OF ALL PROVINCIAL AND FEDERAL LICENSES, PERMITS, APPROVALS, ETC THAT ARE  
REQUIRED TO OPERATE THIS BUSINESS (MANDATORY): \_\_\_\_\_  
\_\_\_\_\_

COPY OF INSURANCE NAMING THE TOWN OF BASHAW AS THE ADDITIONAL INSURED: YES/NO (MANDATORY)  
LICENSE PERIOD BEING APPLIED FOR: THE YEAR OF 20\_\_\_\_:  
OR: TEMPORARY PERMIT REQUESTED FROM: \_\_\_\_\_ TO: \_\_\_\_\_, 20\_\_\_\_\_

To process this permit application the applicable Vendor's Fee must be paid in full and all mandatory documentation shall be completed and submitted to the Development Authority. If the application is not approved or is withdrawn by the applicant an administration fee will be deducted from the Vendor's fee before refunding the balance to the applicant. If a permit is revoked at any time during the approved time period, the Vendor fee will not be refunded. By submitting this application to operate a vending business in the Town of Bashaw I acknowledge that it is my responsibility to read the Vendor's Bylaw 755-2014 provided to me and agree to comply with the regulations as set out therein by the decision of Council AND I hereby release the Town of Bashaw and/or any of its representatives and keep them free from harm for any activity arising from or caused by this Vendor or their delegate while conducting business. Five to ten business days required to process application package.

\_\_\_\_\_  
APPLICANT'S SIGNATURE AND DATE  
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**FOR OFFICE USE ONLY**

**FILE SHALL NOT BE SUBMITTED TO DEVELOPMENT AUTHORITY FOR DECISION UNTIL ALL DOCUMENTS RECEIVED**  
FEE PAID (IN ACCORDANCE TO THE MASTER RATES AND SCHEDULE BYLAW): \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_  
DECISION DATE: \_\_\_\_\_ PERMIT APPROVED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PERMIT NUMBER: \_\_\_\_\_  
DEVELOPMENT AUTHORITY: \_\_\_\_\_  
CONDITIONS: \_\_\_\_\_