



TOWN OF ARBORG
 337 River Road
 Box 159, Arborg, MB R0C 0A0
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 Website: www.townofarborg.com
 E-mail: townofarborg@mymts.net

Schedule " F " By-law 2-2023

MOBILE FOOD VENDOR APPLICATION

Business Name:					
Owner / Applicant Name					
Civic Address of Business:				Town	
Mailing Address:				Town	Postal Code
Business Telephone:		()	Cell:	()	
Email:		@	Website		
Type of Business	(Specify)				
Health Inspector Certificate		#	Insurance Certificate	#	
		Attached <input type="checkbox"/>		Attached <input type="checkbox"/>	
Unit Description:		Site Plan Showing Locations Attached:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date(s) of Operation		Hours of Operation:			
PERMISSIONS (as Needed) according to By-law Received & Attached				YES <input type="checkbox"/>	NO <input type="checkbox"/>
I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution.					
Signature				Date:	
Business License Fee(s)		\$150.00 Resident <input type="checkbox"/>		\$325.00 Non-Resident <input type="checkbox"/>	
Payment Enclosed:		YES <input type="checkbox"/> NO <input type="checkbox"/>		Chq <input type="checkbox"/>	Cash <input type="checkbox"/>
Payment via EFT		Sent to: townofarborg@mymts.net		YES <input type="checkbox"/>	NO <input type="checkbox"/>

OFFICE USE ONLY			
Fee Owning:		Payment Received <input type="checkbox"/>	Certificate <input type="checkbox"/> Filed <input type="checkbox"/>
Receipt #		Issue Date:	
License #		Expiry Date:	
Supporting Documents Received <input type="checkbox"/>			