



City of Hamilton  
 Mailing Address:  
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Planning and Economic Development  
 Licensing and By-law Services  
 Physical Address: 330 Wentworth St N, L8L 5W3  
 Phone: 905.546.2782 Fax: 905.540.6280  
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## Food Service Vehicle Park Permit Application

**Applicant Information:**

LAST NAME	FIRST NAME	
STREET ADDRESS	CITY	PROVINCE
PHONE:	POSTAL CODE	
EMAIL:		

**Vehicle Information:**

VEHICLE NAME:	
CITY OF HAMILTON BUSINESS LICENCE #:	
CITY OF HAMILTON REFRESHMENT VEHICLE PLATE #:	EXPIRY DATE:
MTO PLATE #:	

**Terms:**

1. I acknowledge that the Food Service Vehicle may **not** enter a Park that is holding a Special Event unless by invitation of the Special Event Organizer
2. I acknowledge that no more than 3 trucks will be permitted in any one park, at any one time.
3. I acknowledge that permits are valid from 7 a.m. until 11 p.m. daily, or until the time in which the park closes – whichever occurs first.
4. I acknowledge that Food Service Vehicle City of Hamilton Business Licence must be in good standing and failure to do so will void any issued permits
5. I agree to display the valid City of Hamilton business licence with the park permit endorsement for the Food Service Vehicle in a prominent spot while operating.
6. I agree to adhere to all rules within the General Provisions and Schedule 6 of City of Hamilton Licensing Bylaw 07-170
7. I acknowledge that permits may not be transferred to another vehicle vendor and are applicable on to the vehicle specified on the application
8. I agree to provide waste receptacles and leave the assigned location in a clean, litter-free condition and acknowledge that participation in the City's waste diversion program is encouraged.
9. I agree to indemnify and save harmless the City of Hamilton from all actions, causes of action, interest, claims, demands, costs and damages, expenses and loss.
10. I agree to supply proof of Commercial General Liability Insurance in the name of the applicant with a minimum limit of \$2,000,000 per occurrence and endorsed to include the City of Hamilton as an additional insured.
11. I have read, understand and confirm that I have the authority to bind the Licence Holder to these Terms.

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**DATE**

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**SIGNATURE**