Planning Department

474 South Fletcher Road, Box 340, Gibsons, BC V0N 1V0

Phone 604-886-2274, Fax: 604-886-9735

www.gibsons.ca

MOBILE VENDING APPLICATION FORM

Please read the Sign Permit Application Guide before filling out this application form. If you have any questions or require assistance in filling out this form contact the Planning Department. The processing of your application will be delayed if it is incomplete. Mail or deliver the completed application form, fee, plans and supporting material to the Town of Gibsons Planning Department and make your fee payable to the Town of Gibsons. Contact the Town of Gibsons Planning staff for the current fee prior to submitting your applications as fees may change, or consult the Rates, Fees and Charges Bylaw.

SECTION 1: APPLICANT INFORMATION

Name

Business Name

Address

City

Province/State

Postal/Zip

Telephone/Fax

Email

Town of Gibsons Business Licence Number

Are you:

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ Non-Profit Organization

This information is collected in compliance with the Freedom of Information and Protection of Privacy Act (FOIPOP). If you require further information regarding the FOIPOP Act please contact the FOI Coordinator at 604.886.2274 (http://www.gibsons.ca/freedom-of-information-a-protection-of-privacy.html) or the Information and Privacy Commissioner at 1.800.663.7867 (www.oipc.bc.ca)

SECTION 2: VENDOR TYPE

Please select one:

- ☐ Food & Beverage Vendor
- ☐ Non-Food Vendor
- ☐ Special Event Vendor

Describe your business and products/services offered:

Proposed operating season:

- ☐ Year-round
- ☐ Seasonal

*If seasonal, specify months:

Proposed Operating Schedule:

Days per Month (minimum 12):

Operating Hours (minimum 4, from 8:00 AM – 8:00 PM unless otherwise approved):

From _____ To _____

SECTION 3: PROPOSED OPERATING LOCATION(S)

Are you proposing to operate on:

- ☐ Town property
- ☐ Private property
- ☐ Both

Town Property:

Please rank your preferred Town locations (1 = highest preference):

Armours Beach

Arrowhead Park

Aurora Park

Brothers Park

Charman Creek Lands

Dempster Field

Dougall Park

Holland Park

Parkland Park White

Pebbles Park

Tower Lands

Winegarden Park

Explain why your business is appropriate for the selected location(s):

Private Property:

Property Address:

Property Owner name:

Zone:

Written permission from property owner attached?

- ☐ Yes
- ☐ No

SECTION 4: MOBILE UNIT INFORMATION

Type of Mobile Unit:

- ☐ Food truck
- ☐ Trailer
- ☐ Cart
- ☐ Kiosk

Other:

Dimensions of Mobile Unit

Length (max 6.0 m unless approved):

Width:

Height:

Seating or accessory area (max 15 m^2):

Will power or water servicing be required?

- ☐ Yes
- ☐ No

Is the unit fully self-contained?

- ☐ Yes
- ☐ No

Will a generator be used?

- ☐ Yes

  *If yes, describe the type / noise mitigation:

- ☐ No

SECTION 5: REQUIRED DOCUMENTS

Please check all the documents included with this application:

All vendors

- ☐ Site Plan showing:
  - ☐ Mobile Unit location
  - ☐ Dimensions
  - ☐ Seating or accessory area
- ☐ Waste Management & Recycling Plan
- ☐ Signage details (must comply with Sign Bylaw)
- ☐ Fire inspection report (if applicable)
- ☐ Photos or rendering of mobile unit
- ☐ Permit Fee (non-refundable)

The following are required within 10 days of permit approval:

- ☐ Proof of $5,000,000 liability insurance naming the Town of Gibsons as Additional Insured
- ☐ Copy of valid Town of Gibsons Business License
- ☐ $500 Damage Deposit

Additional Requirements for Food & Beverage Vendors

- ☐ Vancouver Coastal Health approval
- ☐ Proposed Menu (must be displayed to the public)

Special Event Vendors Only

Event Name:

Event Date(s):

Organizer Contact:

SECTION 6: OPERATIONS AND SITE MANAGEMENT

Describe how waste and recycling will be managed:

Describe how customer queueing and accessibility will be managed:

Describe any environmental sustainability initiatives:
(Examples: compostable packaging, electric equipment, waste reduction)

Describe any amenities provided to customers:
(Examples: seating, shade, washroom access)

Provide the name and contact details for a secondary contact for emergency situations where the vendor cannot respond:

SECTION 7: EXPERIENCE AND COMMUNITY FIT

Have you previously operated a Mobile Vending Unit?

☐ Yes

If yes, where?

☐ No

Have you previously operated in Gibsons?

☐ Yes

☐ No

Have you ever had a business license or permit suspended/revoked?

☐ Yes

If yes, explain:

☐ No

Describe your connection to the local community:

SECTION 8: APPLICANT DECLARATION

I hereby apply for a Mobile Vending Permit and certify that all information provided in this application is true and complete. I understand that:

- A Mobile Vending Permit is required in addition to a Business License.
- Permits are valid for one calendar year and are non-transferable.
- Submission of this application does not guarantee approval.
- Additional information may be requested by the Town.
- The Town may revoke, suspend, or refuse a permit for non-compliance.
- The Town may require relocation or removal at any time without compensation.
- I am responsible for any damage to municipal property resulting from my operations.
- I must comply with all applicable bylaws, regulations, and permit conditions.

_____

Applicant, Full Name

_____

Applicant Signature

_____

Date