

MUNICIPALITY



OF ASSIGINACK

**BOX 238, MANITOWANING, ON, P0P 1N0
(705) 859-3196 or 1-800-540-0179**

**SPECIAL MEETING OF COUNCIL
IN CHAMBERS**

Tuesday, May 14, 2024 at 7:00 p.m.

1. OPENING

- a.) Land Acknowledgment
- b.) Adoption of Agenda
- c.) Disclosure of Pecuniary Interest and General Nature Thereof

2. ANNOUNCEMENTS

3. ADOPTION OF MINUTES

4. DELEGATIONS

5. REPORTS

6. ACTION REQUIRED ITEMS

- a. Mobile Food Vendor Expression of Interest Results

8. ADJOURNMENT

RECEIVED

MAR 13 2024



**SCHEDULE C: TOWNSHIP OF ASSIGINACK
MOBILE FOOD VENDOR APPLICATION**

Applicant Name(s): Rhonda Fulton
Bryan Albrecht

Business Name: The Twisted Sister

Applicant Contact Information/Address:
[Redacted]

Telephone #: [Redacted]

Email Address: [Redacted]

Nature of Business: (Please provide a brief description of the type/nature of your business and what products or services you will be selling to the public).

Burgers / Dogs
Fries, Nachos
Hot Pickles / Telenos Deep Fried
Pop

Description of Mobile Food Truck (Please provide a brief description of the type of mobile food truck/unit being used to sell goods from. Please include the size of the unit in square feet).

17 Foot Single Axle enclosed Trailer
180 sq feet (ish)

Preferred Location I am Applying For:

- Queen's Park
- Information Center
- Marina/Beach Area

If your preferred location is not available, please list the three areas in your order of preference:

1. _____
2. _____

Residency Status

Are you a resident of the Township of Assiginack? YES NO

Proof of Insurance

The Applicant agrees to provide proof of a minimum of \$2 million in liability insurance, with the Township of Assiginack being named as an additional insured on the policy and Certificate of Insurance. Insurance Provided YES NO

Proof of Inspection

The Applicant agrees to provide proof of a recent copy of the Inspection Report completed by the Sudbury & District Public Health Unit. PLEASE NOTE: That inspections must have been completed within the last thirty (30) days.

Inspection Report Provided YES NO

I/we The Twisted Sister known as the Licensee, hereby indemnify the Township of Assiginack of any actions, damage, loss, claim or liability as a direct result of the mobile food vendor operations, the use of the approved municipal location or anything undertaken or neglected to be undertaken in connections with the use of the mobile food vendor license.

By signing this application form, the applicant acknowledges that they have read the Mobile Food Vendor By-Law and agrees to abide by all the terms and conditions set forth within this by-law.

Rhonda Fulton
PRINT NAME

[Signature]
APPLICANT SIGNATURE

March 8/24
DATE

NOTE: Any personal information required in this application form is received under the authority of the Township of Assiginack. This information is an integral component of the submission and becomes a public record. Once this application form is accepted by the Township of Assiginack and a Mobile Food Vendor License has been awarded, all information contained in the application form may be available to the public, including personal information. Questions about the collection of personal information and the Municipal Freedom of Information and Protection of Privacy Act, 1989, R.S.O. 1990, as amended may be directed to the Municipal Clerk.

FOR OFFICE USE ONLY: (APPLICANT(S) DO NOT COMPLETE THIS SECTION*)**

Date Application Received: March 13, 2024 Date of Approval: _____

Proof of Insurance Received: YES NO Proof of Inspection Received: YES NO

Permit Issued: YES NO Permit #: _____

If no, reason for denial: _____

Authorized by: _____
(Municipal Clerk or Designate)