



Hamilton

Bermuda at its *best*

APPLICATION TO OPERATE A LUNCH WAGON
(WITHIN THE CITY OF HAMILTON)

Name:

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Address:

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Mailing address (if different):

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Contact Number(s):

<u>Home:</u>		<u>Cellular:</u>
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Email Address:

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Name of Lunch Wagon:

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Licence Number of Lunch Wagon:

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Make of Vehicle

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Do you have a Health Department Permit?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "no", have you applied and when do you expect to obtain the permit?

Requested Location:

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Intended Hours of Operation:

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Intended Days of Operation:

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Type of Food to be sold (attach menu sample if available)

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What is the Source of your Electrical Supply?

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What is your Water Source?

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Do you have a holding tank for wastewater and/ or grease?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "no", how do you dispose of wastewater and/ or grease?

Please mail or deliver the completed application and deposit to:

Event Project Manager		Event Project Manager		Tel: 292-1234 ext. 219
City of Hamilton	or	City Hall, Ground Floor	or	Fax: 292-6918
P. O. Box HM 1175		17 Church Street		events@cityhall.bm
Hamilton HMEX		Hamilton HM 11		

PLEASE ENSURE TO ATTACH THE FOLLOWING TO THIS APPLICATION

1. Copy of valid Health Department Permit.
2. Copy of current vehicle licence.
3. Signed copy of the Terms and Conditions form
4. First quarterly payment of \$750.00
5. List of Employee who will be employed on the lunch wagon

Note: Quarterly payments of \$750.00 each are due and payable on January 1st, April 1st, July 1st and October 1st. Failure to pay in a timely fashion may lead to the revocation of your permit.