



## Mobile and Temporary Food Vending Operations Vendors Checklist

Name of Food Vending Business: \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

IN CONSIDERATION OF THE GRANTING OF A BUSINESS LICENSE, I AGREE TO COMPLY WITH ALL CONDITIONS OUTLINED IN THIS LICENSE, REQUIREMENTS OF THE FIRE BY-LAW AND ALL OTHER ACTS, REGULATIONS, AND BY-LAWS IN FORCE IN THE CITY OF VANCOUVER AND TO INDEMNIFY AND SAVE HARMLESS THE CITY OF VANCOUVER AGAINST ALL CLAIMS, LIABILITIES, JUDGEMENTS, COSTS OR EXPENSE OF EVERY KIND, INCLUDING NEGLIGENCE WHICH MAY ACCRUE AGAINST THE CITY IN CONSEQUENCE OF AND INCIDENTAL TO THE GRANTING OF THE LICENSE.

Signature of Applicant: \_\_\_\_\_

Please check boxes

Item	Yes	Not applicable	Description
<b>INSTALLATION</b>			
1	<input type="checkbox"/>	<input type="checkbox"/>	Fire Protection Guideline Completed
2	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system designed and installed to NFPA 96 standard per Fire Protection Guideline
			Name and address of company that designed the exhaust fan, duct and hood system _____
			Name and address of company that constructed and installed the system _____
3	<input type="checkbox"/>	<input type="checkbox"/>	Automatic fire suppression system UL300 or ULC 1254.6 installed
			Name and address of company that designed the fire suppression system _____
			Name and address of company that installed the fire suppression system _____
4	<input type="checkbox"/>	<input type="checkbox"/>	Cooking appliances installed in accordance with manufacturer's instructions
5	<input type="checkbox"/>	<input type="checkbox"/>	Integrated testing of fire suppression and NFPA 96 exhaust system completed
			Name and address of qualified service company that performed the integrated testing _____

Name of Food Vending Business: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

			<input type="checkbox"/> Fuel and electrical supply to appliances shuts off when fire suppression system trips
6	<input type="checkbox"/>	<input type="checkbox"/>	Copy of report from qualified service company for the integrated testing submitted
7	<input type="checkbox"/>	<input type="checkbox"/>	Indoor air quality mechanical ventilation provided
			Name and address of company that installed the ventilation system _____
<b>Item</b>	<b>Yes</b>	<b>Not applicable</b>	<b>Description</b>
8	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 1- Commitment Not to Create Grease-Laden Cooking Vapours form completed
			<input type="checkbox"/> Copy of menu attached
9	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2- Commitment Not to Use Deep Fat Frying Equipment form completed
			<input type="checkbox"/> Copy of menu attached
10	<input type="checkbox"/>	<input type="checkbox"/>	Portable extinguishers - 6 L minimum, wet chemical Class K - new, or tagged with current inspection tag provided
11	<input type="checkbox"/>	<input type="checkbox"/>	Portable extinguishers - 10 LB ABC Dry Chemical - new, or tagged with current inspection tag provided
12	<input type="checkbox"/>	<input type="checkbox"/>	Propane fuel tanks installed and protected per BC Gas Safety Regulation
			Number, size, and location of propane and natural gas tanks _____
13	<input type="checkbox"/>	<input type="checkbox"/>	All electrical equipment, devices and appliances listed and approved for use in Canada.
14	<input type="checkbox"/>	<input type="checkbox"/>	All electrical work (service/generator supply, box or panel connections, lighting fixtures) undertaken by a qualified licensed electrician
<b>MAINTENANCE</b>			
15	<input type="checkbox"/>	<input type="checkbox"/>	NFPA 96 Ventilation system cleaned and maintained by qualified service company
			Name and address of qualified service company that cleaned and maintained the system _____
			Date of last cleaning service _____
16	<input type="checkbox"/>	<input type="checkbox"/>	Automatic fire suppression system maintained and tagged by qualified service company annually
			Date of last maintenance service _____

Name of Food Vending Business: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

LIFE SAFETY			
17	<input type="checkbox"/>	<input type="checkbox"/>	Posted instructions on safe operation of equipment posted in the structure
18	<input type="checkbox"/>	<input type="checkbox"/>	Posted instructions in case of emergency posted in the structure
19	<input type="checkbox"/>	<input type="checkbox"/>	Exit paths maintained clear of obstructions at all times
Item	Yes	Not applicable	Description
MISCELLANEOUS			
20	<input type="checkbox"/>	<input type="checkbox"/>	Structure/Vehicle located at least 3 m horizontally from <input type="checkbox"/> any building opening
			<input type="checkbox"/> any adjacent combustible structure
			<input type="checkbox"/> any woodland
21	<input type="checkbox"/>	<input type="checkbox"/>	Structure/Vehicle located at least 3m away from overhead electrical lines
22	<input type="checkbox"/>	<input type="checkbox"/>	Site plan of proposed vending location submitted
23	<input type="checkbox"/>	<input type="checkbox"/>	

**To be completed by VFRS.**

Accepted by (print name): \_\_\_\_\_ Date: \_\_\_\_\_

signature \_\_\_\_\_