# Seasonal Vendor Program - Required Document Checklist and Sample Documents

*Effective February 1, 2022*

The new digital application process for the Seasonal Vendor program requires applicants to attach the following documents to their application.

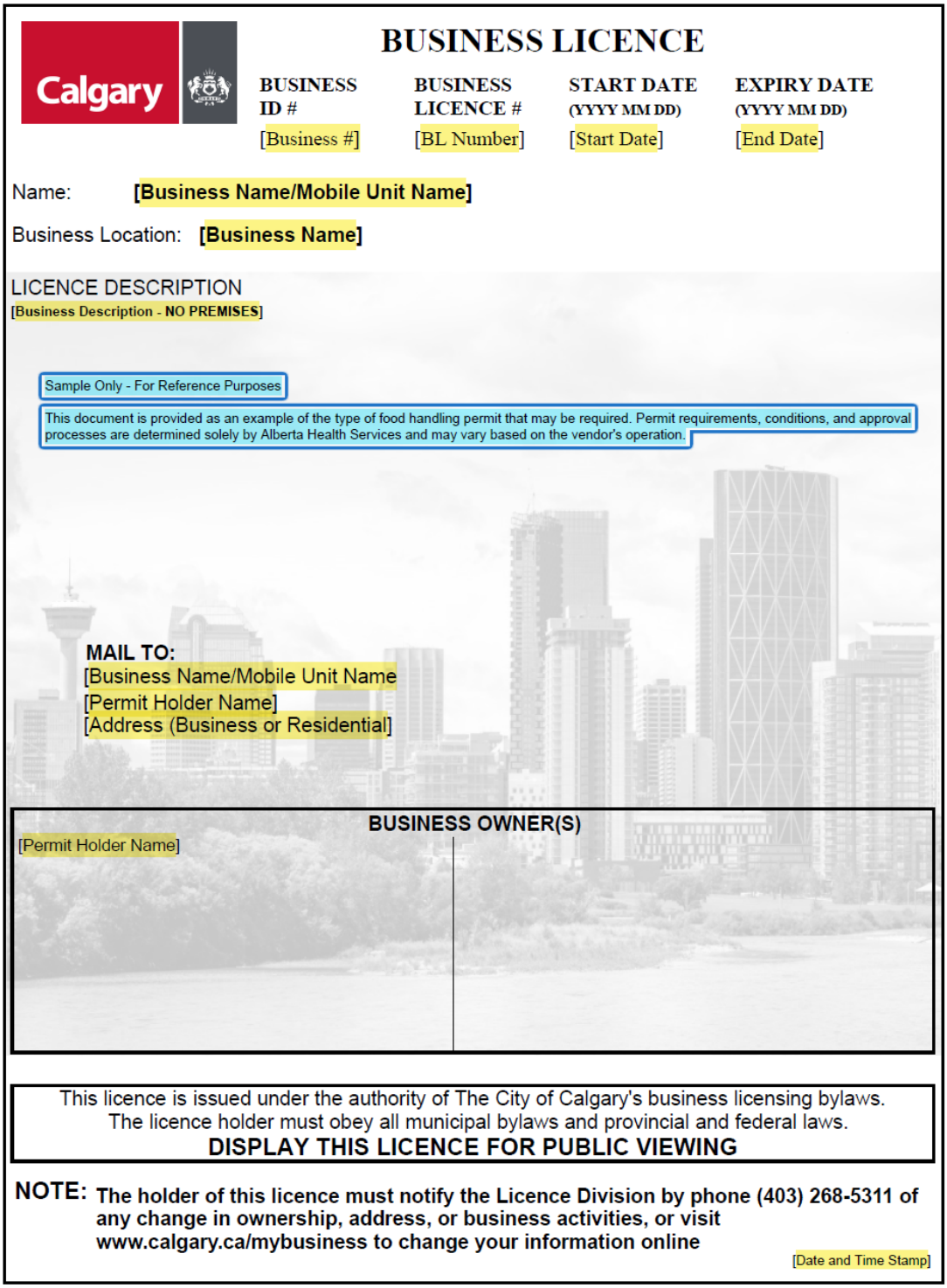
| Complete | Required Items |
|---|---|
| | 1. A copy of a Business License or a 'License Not Required' letter from The City's Chief License Inspector - please visit myBusiness to learn more |
| | 2. A current copy of Insurance Certificate<br>• $2M liability insurance naming the City of Calgary as an "Additional Insured"; or<br>• $5M liability insurance naming the City of Calgary as an "Additional Insured" (applicable if accessing and/or utilizing Calgary's waterways) |
| | 3. One (1) site plan for each preferred park location listed in the application to include - please refer to *Sample Site Plan*<br>• Title and park location<br>• Location number - required if you intend on operating from more than one park location (e.g. Location 1 of 2)<br>• North arrow<br>• A map indicating the proposed location within the subject park<br>• A site plan with existing and/or proposed elements such as:<br>  ○ Temporary equipment and/or structures; include dimensions<br>  ○ Existing structures and/or infrastructure<br>  ○ Adjacent pathways<br>• Proposed entry and exit route for transporting equipment and/or structures, including how often you intend on entering and exiting the park (e.g. daily, weekly, monthly, once/twice per season)<br>• Proposed entry and exit route for motorized vehicles, including how often you intend on entering and exiting the park (e.g. daily, weekly, monthly, once/twice per season) |
| | 4. Colour photographs of all proposed temporary equipment and/or structures. Label and identify each photograph. |
| | 5. Approved AHS Food Handling Permit; if applicable to business operation |
| | 6. A copy of WCB Clearance Letter; if applicable to business operation |
| | 7. An Environmental Plan; required if accessing and/or utilizing Calgary's waterways – please refer to *Environmental Plan* |
| | 8. Required Building Permits; determine through PDA what permits are required for any equipment that will be onsite |

**NOTE**

- All documents must be named as listed on the requirement list (in any naming convention that makes the document type identifiable)
- Professional drawings are not required, however, submissions must be clear and legible

**SAMPLE BUINESS LICENSE**

A copy of a Business License or a 'License Not Required' letter from The City's Chief License Inspector - please visit [Business licensing and permits] to learn more



# BUSINESS LICENCE

| BUSINESS ID # | BUSINESS LICENCE # | START DATE (YYYY MM DD) | EXPIRY DATE (YYYY MM DD) |
|---|---|---|---|
| [Business #] | [BL Number] | [Start Date] | [End Date] |

Name: **[Business Name/Mobile Unit Name]**

Business Location: **[Business Name]**

LICENCE DESCRIPTION

**[Business Description - NO PREMISES]**

Sample Only - For Reference Purposes

This document is provided as an example of the type of food handling permit that may be required. Permit requirements, conditions, and approval processes are determined solely by Alberta Health Services and may vary based on the vendor's operation.

**MAIL TO:**
[Business Name/Mobile Unit Name
[Permit Holder Name]
[Address (Business or Residential]

**BUSINESS OWNER(S)**

[Permit Holder Name]

This licence is issued under the authority of The City of Calgary's business licensing bylaws.
The licence holder must obey all municipal bylaws and provincial and federal laws.
**DISPLAY THIS LICENCE FOR PUBLIC VIEWING**

**NOTE: The holder of this licence must notify the Licence Division by phone (403) 268-5311 of any change in ownership, address, or business activities, or visit www.calgary.ca/mybusiness to change your information online**

[Date and Time Stamp]

**SAMPLE INSURANCE CERTIFICATE**

A current copy of Insurance Certificate

- $2M liability insurance naming the City of Calgary as an "Additional Insured"; or
- $5M liability insurance naming the City of Calgary as an "Additional Insured" (applicable if accessing and/or utilizing Calgary's waterways)

# Sample Certificate of Liability Insurance

Template only — replace all bracketed sample information with the vendor's actual insurance details issued by their insurer or broker.

**Important:** This sample keeps the required reference to adding **The City of Calgary** as an Additional Insured. All vendor, insurer, broker, policy, and contact details below are generic placeholders.

| | |
|---|---|
| **Certificate Holder** | The City of Calgary<br>P.O. Box 2100, Station M<br>Calgary, AB T2P 2M5 |
| **Insured / Vendor Name** | [Vendor Business Name / Permit Holder Name]<br>[Business Address or Mailing Address]<br>[City, Province, Postal Code] |
| **Description of Operations** | Vendor operating under the Seasonal Vendors in Parks Program. Products/services: [Brief Description of Approved Vendor Activity].<br><br>*Refer to policy for specific terms, conditions and exclusions.* |

## Coverage Summary

| Type of Insurance | Insurance Company / Policy Number | Effective Date | Expiry Date | Limit of Liability |
|---|---|---|---|---|
| Commercial General Liability | [Insurance Company Name Removed — insert insurer name here]<br>Policy No.: [Policy Number] | [YYYY/MM/DD] | [YYYY/MM/DD] | $[Coverage Amount]<br>*Example: $5,000,000* |
| Non-Owned Automobile / Hired Automobile, if applicable | [Insurer / Policy Details, if applicable] | [YYYY/MM/DD] | [YYYY/MM/DD] | $[Coverage Amount, if applicable] |

## Additional Insured Wording

**The Certificate Holder is hereby added as an Additional Insured, but only with respect to liability arising out of the operations of the Named Insured.**

Additional Insured Name and Mailing Address:
**The City of Calgary**
P.O. Box 2100, Station M
Calgary, AB T2P 2M5

## Brokerage / Authorization

| | |
|---|---|
| **Brokerage / Agency** | [Brokerage / Agency Name Removed — insert broker or agency name here]<br>[Brokerage Mailing Address]<br>[City, Province, Postal Code] |
| **Broker Contact** | [Authorized Representative Name]<br>Phone: [Phone Number]<br>Email: [Email Address] |
| **Certificate Details** | Broker Client ID: [Client ID]<br>Certificate Number: [Certificate Number]<br>Date Issued: [YYYY/MM/DD] |

**SAMPLE SITE PLAN**

**TITLE:** (Business Name)

**PARK LOCATION:** (Name of Park)

A map indicating the proposed location within the subject park

- Location Number – required if applying for more than one park location (e.g., Location 1 of 2). Note: Vendors may only operate from the specific park location identified on their permit and are not permitted to move between parks during operations.
- North arrow
- A map indicating the proposed location within the subject park

**PROPOSED SITE SET UP**

A site plan with existing and/or proposed elements such as:

- Temporary equipment and/or structures; include dimensions
- Existing structures and/or infrastructure
- Adjacent pathways

**Proposed Entry and Exit Route**

Proposed entry and exit route for transporting equipment and/or structures, including how often you intend on entering and exiting the park (e.g. daily, weekly, monthly, once/twice per season)

Motorized vehicle access within parks is generally not permitted. If you believe vehicle access is necessary for your operation, please provide the proposed entry and exit route(s), explain why access is required, and indicate how often you expect to enter and exit the park (e.g., daily, weekly, monthly, or once/twice per season).


Example:

**Daily Set-Up and Vehicle Access Description**

The ice cream pushcart will be transported to Somerset Park by vehicle each day; however, the vehicle will **not enter the park**. The vendor will park legally on a nearby public street, such as Somerset Square SW. Once parked, the vendor will unload the ice cream pushcart and associated supplies from the vehicle and manually push the cart along the existing paved pathways to the approved vending location near the Somerset Waterpark. The setup process is expected to take approximately 10–15 minutes. The vehicle will remain parked on the public street or be parked elsewhere off-site during operating hours. At the end of the day, the vendor will return the pushcart along the same pathway route, reload it into the vehicle, and depart from the area.

## PROPOSED EQUIPEMENT/STRUCTURES

Colour photographs of all proposed temporary equipment and/or structures. Label and identify each photograph.

EXAMPLE:

| Description & Dimensions | Equipment | Size |
|---|---|---|
| 1 - Ice Cream Cart & Umbrella |  | 41” L x 26” W x 36” H |
| 1 - Folding Chair |  | 28.7" L x 22" W x 50" H |
| 1 – A Frame Sign |  | 25” W x 45" H |

**ALBERTA HEALTH SERVICES PERMIT SAMPLE**

Alberta Health Services

Unit ID [Number]

# *Food Handling Permit*

## Public Health Act - Food Regulation

| | |
|---|---|
| Issued To: | [Permit Holder Name] |
| Trade Name: | [Business Name / Mobile Unit Name] |
| Location: | [Business Address] |
| Terms and Conditions: | Pre-packaged low-risk foods only - no preparation of food. Restricted to the operation of a Type A mobile food vending unit. |
| Permit Valid: | [Start Date] - [End Date] |
| Issued By: | **Alberta Health Services** |
| Per: | [Approving Authority Name and Credentials]<br>Director, Calgary Zone<br>Environmental Public Health<br>Safe Healthy Environments |

*This permit is valid between the dates above, or until it is suspended or cancelled pursuant to the Food Regulation under the Public Health Act. The permit is not transferable and is the property of Alberta Health Services. An operator must ensure the permit is displayed in a conspicuous location in the approved food establishment where it may be easily viewed by clients/patrons.*

Sample Only - For Reference Purposes
This document is provided as an example of the type of food handling permit that may be required. Permit requirements, conditions, and approval processes are determined solely by Alberta Health Services and may vary based on the vendor's operation.

# Workers' Compensation Board (WCB) Clearance Letter

## What is a WCB Clearance Letter?

A WCB Clearance Letter (also referred to as a WCB Clearance Certificate) is a document issued by the Workers' Compensation Board (WCB) confirming that a business has an active WCB account and is in good standing at the time the certificate is generated.

## Why is it required?

The City of Calgary may require a WCB Clearance Letter from vendor permit holders as part of the application, approval, or renewal process. The document helps verify that a business is meeting its obligations under Alberta's Workers' Compensation system and maintains workplace injury coverage where applicable.

## What should be included?

A WCB Clearance Letter typically includes:

- Business name
- WCB account number
- Clearance status or confirmation of good standing
- Date of issue
- Name of the certificate holder
- Information identifying the business covered by the clearance

## City of Calgary Requirements

When requested, applicants should provide a current WCB Clearance Letter that must remain valid for the duration of the permit, license, agreement, or contract, where applicable.

## Important Note

This sample is provided for reference purposes only. Actual WCB Clearance Letters are generated directly by the Workers' Compensation Board and may vary in format. Businesses are responsible for obtaining and submitting current WCB documentation when required.

# SAMPLE ENVIRONMENT PLAN

**Template note:** Environmental Plans are generally required when an operation accesses and/or utilizes Calgary waterways or may impact waterways or storm drainage systems. This sample is intended as example wording only and should be revised to match the applicant's specific operation.

## Applicant / Operation Information

| | |
|---|---|
| **Business Name** | |
| **Permit Holder Name** | |
| **Business Address / Personal Address** | |
| **Park Location** | |
| **Operation Type** | |

## Environmental Plan Questions and Sample Answers

| | |
|---|---|
| **1. List the cleaning products you intend to use as part of your business operation, and attach corresponding Safety Data Sheet(s)** | Product 1: Food-grade sanitizing wipes or food-contact surface sanitizer. (SDS to be attached if applicable.)<br>Product 2: Mild biodegradable dish soap for cleaning equipment and utensils. (SDS to be attached if applicable.)<br>Product 3: Paper towels or disposable cloths used for minor wipe-downs and spill cleanup. |
| **2. Describe how you will ensure containment of product(s) from entering waterways and/or storm drains.** | The ice cream push cart will operate only at the approved vending location identified on the permit. The push cart will be transported to the site from a nearby side street or approved parking area; the vehicle will not enter the park. Cleaning products will be kept in sealed containers near the cart when not in use. No washing, rinsing, greywater disposal, or dumping of liquids will occur on parkland, pathways, near storm drains, or near waterways.<br>• Use wipes, paper towels, or minimal cleaning solution that can be fully contained.<br>• Collect all used wipes, paper towels, wrappers, and packaging for off-site disposal.<br>• Keep a small spill kit or absorbent materials available during operations.<br>• Inspect the site before departure to ensure no waste, debris, or liquid residue remains. |

| | |
|---|---|
| **3. Outline your emergency response plan and containment procedure if there is a spill into the waterways and/or storm drains.** *Note: All spills entering waterways and/or storm drains must be reported.* | Although the operation uses only small quantities of cleaning or sanitizing products, staff will immediately respond to any accidental spill.<br>• Stop the source of the spill if safe to do so.<br>• Prevent the spill from reaching storm drains, waterways, turf, landscaped areas, or environmentally sensitive areas.<br>• Use absorbent materials, paper towels, or spill response supplies to contain and clean the spill.<br>• Collect contaminated materials and dispose of them appropriately off site.<br>• Report any spill that enters a waterway or storm drain to the appropriate authority and follow any instructions provided. |
| **4. Outline how staff have been trained in the emergency response plan and containment procedure.** | All staff operating the ice cream push cart will review this Environmental Plan before operating in a City park. Training will include proper storage and handling of cleaning products, spill prevention, spill cleanup, waste collection, and reporting requirements for environmental incidents. Emergency contact information and spill response steps will be available to staff while operating the push cart. |

**Additional Environmental Protection Measures**

**The vendor will follow these additional measures while operating:**

- No disposal of liquids, melted ice, greywater, or cleaning products onto parkland or into storm drains.
- All waste generated by the operation will be removed from the site daily.
- Products will be stored securely to prevent leaks or accidental release.
- The push cart and surrounding area will be checked before leaving the site.
- The vendor will operate only from the approved permit location and will not move between parks unless otherwise approved through the permit process.

**SAMPLE SAFETY DATA SHEET**

# MATERIAL SAFETY DATA SHEET

## 1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

***Product Name:***
ATTITUDE Eco-Friendly Dishwashing Liquid

***Manufacturer's Name:***
Bio Spectra

| ***Address:*** | ***Phone:*** | ***Emergency phone:*** |
|---|---|---|
| 5605 avenue de Gaspé, Suite 401,<br>Montréal (Québec) H2T 2A4 | 514-509-7225 | CANUTEC : 613-996-6666<br>Bio Spectra (adm.) : 514-509-7225 |
| ***MSDS Number:***<br>NA | ***Chemical Name:***<br>NA | ***Chemical Formula:***<br>NA |
| ***Date of MSDS Preparation:***<br>January 29, 2013 | ***Chemical Family:***<br>NA | ***Product Use:***<br>Hand dish detergent |

## 2. HAZARDS IDENTIFICATION

Low hazard for usual handling.

| ***Delivery state:*** | ***State:*** |
|---|---|
| Viscous liquid | Viscous liquid |
| ***Odor:*** | ***Color:*** |
| Characteristic odor | Semi-transparent gel |

| ***Routes of entry:*** | ***Classification and labelling:*** |
|---|---|
| Skin contact | None. (Not regulated under WHMIS or EU Directive 1999/45/EC or GHS). |

***Potential Health Acute Effects:***

| ***Inhalation:*** | ***Skin contact:*** |
|---|---|
| May cause slight respiratory irritation. | May cause slight irritation. |
| ***Eye contact:*** | ***Ingestion:*** |
| May cause slight irritation. | May be harmful if swallowed in large quantities. |

***Potential Chronic Health Effects:***
None known

## 3. COMPOSITION / INFORMATION ON INGREDIENTS

| *Ingredient Name* | *Concentration (% w/w)* | *CAS Number* | *Toxicity Data $LD_{50}$ (oral, rat)* | *Toxicity Data $LC_{50}$ (rat)* |
|---|---|---|---|---|
| Water | 60 – 100 | 7732-18-5 | NA | NA |
| Sodium coco sulfate | 1 – 5 | 68955-19-1 | > 5000 | ND |
| Myristyl glucoside | 1 – 5 | 110615-47-9 | > 5000 | ND |
| Lauryl glucoside | 1 – 5 | 59122-55-3 | > 5000 | ND |
| Sodium chloride | 1 – 5 | 7647-14-5 | > 5000 | ND |
| Sodium gluconate | 0.5 – 1.5 | 527-07-1 | > 5000 | ND |
| Sodium citrate | 0.5 – 1.5 | 6132-04-3 | > 5000 | ND |
| Fragrance | 0.1 – 1.0 | - | > 2000 | ND |

## 4. FIRST AID MEASURES

***Eye Contact:***
Wash eye with water for 15 minutes immediately after contact. Call a physician.

***Skin Contact:***
Rinse with water if contact occurs. Remove and wash contaminated clothing.

***Ingestion:***
Call a physician immediately.

***Inhalation:***
If symptomatic, move to fresh air. Get physician attention if symptoms persist.