



Town of Amherstburg
 Licensing Officer
 271 Sandwich Street South
 Amherstburg, ON
 N9V 2A5

Business Licence Application

Application for:

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| <input type="checkbox"/> Adult Book/Magazine Sales | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Horse Drawn Carriage Owner/Operator | <input type="checkbox"/> Refreshment Vehicle (Indicate Class #) |
| <input type="checkbox"/> Adult Entertainment Attendant | <input type="checkbox"/> Business Service | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Adult Entertainment Parlour | <input type="checkbox"/> Campground/Trailer Park | <input type="checkbox"/> Indoor Recreational Establishment | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Adult Merchandise Sales | <input type="checkbox"/> Carnival/Fair/Midway | <input type="checkbox"/> Limousine Driver | <input type="checkbox"/> Second Hand Shop |
| <input type="checkbox"/> Adult Videotape Sales/Rentals | <input type="checkbox"/> Caterer | <input type="checkbox"/> Limousine Owner | <input type="checkbox"/> Snack Bar |
| <input type="checkbox"/> Amusement Arcade | <input type="checkbox"/> Circus | <input type="checkbox"/> Office (General, Business, Service) | <input type="checkbox"/> Special Event Sales |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Concert | <input type="checkbox"/> Pedicab Owner/Driver | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Automobile Body Repair Shop | <input type="checkbox"/> Driving School | <input type="checkbox"/> Pet Groomer | <input type="checkbox"/> Tattoo Parlour |
| <input type="checkbox"/> Barbershop | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Taxi Cab Broker |
| <input type="checkbox"/> Beauty Shop | <input type="checkbox"/> Festival | <input type="checkbox"/> Petting Zoo | <input type="checkbox"/> Taxi Cab Driver |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Flea Market | <input type="checkbox"/> Portable Sign Contractor | <input type="checkbox"/> Taxi Cab Owner |
| <input type="checkbox"/> Billiard Table | <input type="checkbox"/> Florist Shop | <input type="checkbox"/> Produce Vendor | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Bingo Hall | <input type="checkbox"/> Food Shop | <input type="checkbox"/> Public Hall (Class 1) | <input type="checkbox"/> Trade Show |
| <input type="checkbox"/> Boarding/Lodging/Rooming House | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Public Hall (Class 2) | <input type="checkbox"/> Wrecking Yard |
| <input type="checkbox"/> Body Piercing Parlour | <input type="checkbox"/> Hawker and Peddler | <input type="checkbox"/> Race Track | |

PART A: THIS SECTION TO BE COMPLETED BY ALL BUSINESS APPLICANTS

- Sole Proprietorship Partnership Limited Company

Name of Company Business Phone

Business Email Business Fax

Business Address

Business Mailing Address - same as above

Description of goods and/or services to be offered:

Indicate the zone in which the business is to be operated:

- Commercial Industrial Residential Agricultural
 Development

Location of sale or activity (If the location listed is owned by someone other than the applicant, a letter must be submitted by the owner specifying approval for its use)

Provincial Certificate Number (Theatres only) Maximum Occupancy Load (if applicable)

Please complete the section below for all owners or officers and attach supplementary forms if necessary. If a Limited Company, please attach the articles of incorporation and a copy of the last annual information return filed.

Owner Last Name Owner Given Name(s) Home Phone

Home Address

Home Mailing Address - same as above

Date of Birth Email

PART B: THIS SECTION TO BE COMPLETED BY ALL NON-BUSINESS APPLICANTS

Applicant Last Name Applicant Given Name(s) Home Phone

Home Address

Home Mailing Address - same as above

Date of Birth Email

Description of goods and/or services to be offered:

Please complete this section if applicable

Name of Employer	Employer Phone
Business Email	Business Fax

Employer Address

Employer Mailing Address - same as above

Location of sale or activity (If the location listed is owned by someone other than the applicant, a letter must be submitted by the owner specifying approval for its use)

PART C: THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

I have read and understand the regulations pertaining to this licence category. On receiving the said licence, I agree to comply with all the By-laws of the Town of Amherstburg and regulations regarding such business in accordance with the Statutes of Ontario. I understand that the Town of Amherstburg may revoke a licence under the powers conferred upon it by the Municipal Act or any other Act.

I authorize the Town of Amherstburg to make any investigations regarding this application and authorize the release of records and information to the Town of Amherstburg provided such information is received and discussed confidentially. All information collected on this form is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and will be used by the Town of Amherstburg in determining suitability for licensing. Questions about this collection should be directed to the Town Clerk, 271 Sandwich Street South, Amherstburg, Ontario, N9V 2A5, 519-736-0012 x 238

Signature	Date
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PART D: OFFICE USE ONLY

Building Department Approval Date	Signature of Chief Building Official
Backflow Prevention Applicable (Applicant Advised)	Advised by
Fire Department Approval Date	Signature of Fire Chief
Planning Department Approval Date	Signature of Zoning Review Officer
Animal Control Approval Date	Signature of Animal Control Officer
Date of Other Approval (Please Specify)	Signature
Licence Number	Issue Date
Issuer	Receipt No.