



APPLICATION FOR A BUSINESS LICENCE

This is an application for (check only one in this box)

- ☐ New Business
- ☐ Change of Ownership (New Application)
- ☐ Change of Name: Previous Name _____
- ☐ Change of Premise or Location: Previous Address _____
- ☐ Duplicate Licence

Business & Contact Information

Name of Proposed Business: _____

Location of Business: _____

Business Website: _____

Proposed Date of Opening: _____

Applicant/Contact Name: _____

Mailing Address of Applicant/Contact: _____

Contact Telephone: _____ Business Telephone: _____

Contact Email Address: _____

Driver’s License # and Province: _____

WSIB# or Equivalency: _____

Insurance Provider Name: _____ Liability Insurance Policy #: _____

Amount of Insurance Coverage: _____

Type of Application (check all that apply)	
<input type="checkbox"/> Adult Entertainment Parlour <input type="checkbox"/> Arcade A <input type="checkbox"/> Arcade B <input type="checkbox"/> Auctioneer <input type="checkbox"/> Automobile Body Repair <input type="checkbox"/> Automobile Lease / Sales / Rental <input type="checkbox"/> Automobile Service <input type="checkbox"/> Beauty Salon / Hairstylist / Esthetician <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Billiard Hall <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Carnival / Exhibition <input type="checkbox"/> Car Wash <input type="checkbox"/> Caterer <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Circuses / Similar Shows <input type="checkbox"/> Dry Cleaner / Laundromat <input type="checkbox"/> Eating Establishment <input type="checkbox"/> Food Shop <input type="checkbox"/> Food Truck / Trailer <input type="checkbox"/> Fuel Dealer <input type="checkbox"/> General Contractor	<input type="checkbox"/> Grocery <input type="checkbox"/> Home Occupation <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Motor Vehicle Service Station (Gas Station) <input type="checkbox"/> Pawn Shop <input type="checkbox"/> Pet Groomer <input type="checkbox"/> Professionals <input type="checkbox"/> Public Hall (includes Tents) <input type="checkbox"/> Recreational Vehicle & Watercraft Sales / Lease / Rental <input type="checkbox"/> Recreational Vehicle & Watercraft Service <input type="checkbox"/> Recreational Vehicle & Watercraft Body Repair <input type="checkbox"/> Refreshment Vehicle (Mobile / Stationary) <input type="checkbox"/> Retail Sales <input type="checkbox"/> Second Hand Dealer <input type="checkbox"/> Small Engine Repair <input type="checkbox"/> Storage Facility <input type="checkbox"/> Tattoo Parlour / Body Piercing / Electrolysis <input type="checkbox"/> Temporary Vendor <input type="checkbox"/> Tobacco Sales <input type="checkbox"/> Trades (State Trade Name _____ and attach copy of trade certificates)

Have you ever been denied a Municipal Business Licence? ☐ Yes ☐ No

If Yes, please explain: _____

Vehicle Information (If Applicable)

Make of Vehicle	Year	License Plate	Serial No.	Colour
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



SCHEDULE “A”

Home Based Business Only

Do you own this property? ☐ Yes ☐ No

Note: If you are operating your business from a property that is rented or leased, you will need written consent from the owner of the building using the box below or in a separate letter addressed to the Town.

I, _____ am the owner of the property that is the subject of this application and I authorize the business described in this application to operate on my property.

Date: _____ Property Owner’s Signature: _____

Please list employees working at the home based business that do not live at the premises:

Is there another Home Based Business operated from the same premises? ☐ Yes ☐ No

If Yes, what is the name of the other Business? _____

What is the floor area of the dwelling to be devoted exclusively to the business? _____

Please attach a floor plan of the house showing the dimensions for the house and the area dedicated to the home based business.

Will there be goods or services sold from the premises? ☐ Yes ☐ No

Will there be storage of goods or products on the premises? ☐ Yes ☐ No

How many vehicles will be used in the business? _____ (they must be listed on reverse)

☐ I have received and reviewed the Home Occupation / Home Industry supplemental handout referred to as Appendix JJ of the Business Licensing By-law.

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Declaration

I declare that the information on this application is true. I agree to conform to the regulations set out in the Business Licensing By-law, all other applicable by-laws and any applicable Federal or Provincial Act or Regulation.

Signature of Applicant / Contact

Date

☐ Please include my business name and address in the Town of Fort Frances Business Directory.

NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal Information and confidential third party information is being collected by the Town of Fort Frances under the authority of the Municipal Act, 2001 and will be used, maintained and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used directly and indirectly for the following purposes:

- To determine the eligibility of the applicant for business registration or licensing.
- Information submitted by applicants may be shared with officials of the Town of Fort Frances, Fort Frances Detachment of the Ontario Provincial Police, Northwestern Health Unit who are assisting the Issuer of Licenses.

Any questions or concerns pertaining to the collection and disclosure of information should be directed to the Office of the Clerk.

OFFICE USE ONLY

	Approved	Not Approved	Signature	Referred to Council by:	Date
By-Law Officer – License Inspector					
Zoning					
Building Official					
Clerk – Issuer of Licenses					
Additional Details					

Fee \$ _____ Receipt# _____ Date Paid _____ Initials _____