

**THE CORPORATION OF THE TOWN OF SMOOTH ROCK FALLS**

**BUSINESS LICENCE APPLICATION**

**Hawkers and Peddlers**

Name of Business: \_\_\_\_\_

Nature of Business and goods sold \_\_\_\_\_

Yearly  Daily  Anticipated dates where event will be conducted: \_\_\_\_\_

LICENCE FEE: \_\_\_\_\_

BUSINESS LICENCE NO.: \_\_\_\_\_

**APPLICANT IDENTIFICATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

BUSINESS TELEPHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

**PARTNER IDENTIFICATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

BUSINESS TELEPHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

**I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY THAT:**

1. To the best of my knowledge and belief, the information hereinbefore set forth and attached hereto is true and correct.
2. I will comply with the provisions of the Ontario Fire Code.
3. I understand that I am not allowed to carry on the trade or business in the Town of Smooth Rock Falls in respect of which this application for license is being made unless and until this application has been approved by the Town of Smooth Rock Falls and the necessary license issued.
4. I will furnish to the License Issuer for the Town of Smooth Rock Falls, upon demand, such further and other information as may be required.
5. I further understand that if any of the above information is found to be incorrect or falsified after issuance of a license, my license shall be revoked immediately.

DATED AT THE TOWN OF SMOOTH ROCK FALLS, ONTARIO THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_ 20\_\_\_\_\_.

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

Town Approval \_\_\_\_\_