



**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 _____