



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

**BUSINESS LICENCE APPLICATION**

**NEW BUSINESS:** \_\_\_\_\_ **RENEWAL:** \_\_\_\_\_ **CHANGE OF OWNERSHIP:** \_\_\_\_\_

**LICENCE CATEGORIES** \_\_\_\_\_

**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.: \_\_\_\_\_

**APPROVAL REQUIRED FROM THE FOLLOWING INDICATED BY "X" IN BOX:**

		<u>PHONE NUMBER</u>	<u>SIGNATURE/DATE</u>
BUILDING	<input type="checkbox"/>	705-338-2717	
FIRE	<input type="checkbox"/>	705-338-7507	
HEALTH UNIT	<input type="checkbox"/>	705-335-6101 x 6219	
ESA	<input type="checkbox"/>	1-877-372-7233	

HAS THE APPLICANT EVER OPERATED A BUSINESS IN THIS MUNICIPALITY? IF SO, STATE THE NAME, NATURE, LOCATION AND DETAILS OF SAME:

LIST OTHER MUNICIPALITIES IN ONTARIO IN WHICH THE APPLICANT HAS OPERATED A BUSINESS DURING THE YEAR PRECEDING THE DATE OF THIS APPLICATION:

Nature of Business:

**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 licence is being made unless and until this application has been approved by the Town of Smooth Rock Falls and the necessary licence issued.
4. I will furnish to the Licence 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 licence, my licence shall be revoked immediately.

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

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

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