



## BUSINESS LICENSE APPLICATION

<b>A. BUSINESS INFORMATION</b>		
Registered Business Name:		
Operating Business Name:		
Business Location/Address:		
Business Mailing Address (if different):		
Postal Code:	Phone No.:	Fax No.:
Email Address:		Website:
<input type="checkbox"/> Roll No.: 5776		
<b>B. APPLICANT INFORMATION</b>		
Name of Applicant:		
Address of Applicant:		P.O. Box No.:
Postal Code:	Phone No.:	Fax No.:
<b>C. TYPE OF BUSINESS LICENSE</b>		
<input type="checkbox"/> All Trades & Businesses <input type="checkbox"/> Vending Cart, Wagon, Vehicle Basket <input type="checkbox"/> Hawker & Peddler – Resident <input type="checkbox"/> Refreshment Stand & Vehicle <input type="checkbox"/> Hawker & Peddler – Non-Resident <input type="checkbox"/> Transient Trader – Non-Resident		
<b>D. PERIOD OF BUSINESS</b>		
<input type="checkbox"/> Vending Cart, Wagon, Vehicle Basket	From _____	To _____
<input type="checkbox"/> Hawker & Peddler-Resident/Non-Resident	From _____	To _____
<input type="checkbox"/> Refreshment Stand & Vehicle	From _____	To _____
<input type="checkbox"/> Transient Trader – Non-Resident	From _____	To _____
<b>E. BUSINESS DESCRIPTION</b>		
Please describe business (ie. pool hall): _____		
Each application for a Business License <b>MUST</b> be accompanied with a detailed description of the proposed business including a brief overview of products, services and/or menu (if applicable) to be provided. Attach catalogues and all other materials.		
Attachments <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hours of Operation:	Days of Week:	No. of Employees:
Have you ever been denied a business license? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, please explain:</b>		
_____		
<b>F. HOME OCCUPATION</b>		
A Home Occupation is a business operating from a residential dwelling unit and which is incidental and secondary to the residential use of the dwelling.		
Is the business a Home Occupation Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IF YES, attach a statement with a full description of the Home Occupation including a floor plan of the home.</b>		
Number of employees (other than residents):		
_____		
1. Is the Home Occupation secondary to the main residential use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will there be open storage or display of materials or finished products?		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Will the home occupation change the residential character of the dwelling or create or become a nuisance with regards to noise, fumes, dust, odour, traffic or parking?  Yes  No
4. Is the floor area devoted to the home occupation more than 25% of the total floor area of the dwelling, or exceeds 46 square metres?  Yes  No
5. Are persons who reside outside the dwelling employed in the Home Occupation?  Yes  No
6. Will the Home Occupation be used for an office of a veterinarian, physician or dentist?  Yes  No

**G. SIGNS**

A sign permit is required for the installation of all signs. The by-law prohibits signs advertising home occupations outdoors in all residential zones.

Will a sign be installed?  Yes  No

**H. AGREEMENT**

I have read and understand and hereby agree to observe and comply with the by-laws and regulations of the Municipality of Wawa and any Provincial and or Federal Statutes governing the issue of licenses and the conduct of the business. I further acknowledge that the Corporation of the Municipality of Wawa may revoke any license at any time and that any of its officers or officials cannot be held responsible in any way whatsoever for any investment made or expense incurred with any license or application for the same.

I understand that I must obtain the required signatures prior to the approval of my business license.

I understand that no person shall operate a new business until such time that a business license has been approved by the Municipality of Wawa.

I/we are bound by the terms and conditions as set out in the credit agreement herein. I/we further agree to pay our account within the terms, which is upon receipt of goods/services and to pay service charges of 18% per annum on overdue accounts. I/we acknowledge that we are responsible for all changes to our account of which includes the annual Business License Fee according to the Municipality Schedule of Fees. I/we agree to be bound by the terms of repayment of the customers obligations to any collection agency contracted by the Municipality of Wawa, as well as any other debts that may be incurred in regards to this account, including any collection agency costs.

I certify that all statements are correct and understand that any false statements shall cause my license to be revoked immediately. I have the authority to bind the business or trade.

<b>Date:</b>	<b>Applicant Signature:</b>
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**APPROVALS (signatures required)**

Date:	Chief Building Official:	<input type="checkbox"/> No Comments	<input type="checkbox"/> Comments:
Date:	Fire Chief	<input type="checkbox"/> No Comments	<input type="checkbox"/> Comments:
Date:	Chief of Police:	<input type="checkbox"/> No Comments	<input type="checkbox"/> Comments:
Date:	Algoma Health Unit:	<input type="checkbox"/> No Comments	<input type="checkbox"/> Comments:
Date:	Zoning Administrator:	<input type="checkbox"/> No Comments	<input type="checkbox"/> Comments:

**FOR OFFICE USE ONLY**

<b>Fee Amount Paid:</b>	<b>Receipt No.:</b>	<b>Date Paid:</b>
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**LICENSE APPROVED:**       **LICENSE REFUSED:**

Resolution No.:	Clerk:
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Approval Date:	Date:
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**CONDITIONAL LICENSE APPROVED to the following:**

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