



**Licensing Section of the Clerks Department**  
 1 Halton Hills Drive  
 Halton Hills, Ontario L7G 5G2  
 Tel: 905-873-2600 Fax: 905-873-1431

Application for a  
**FOOD SERVICE LICENCE**

TERM OF LICENCE: ONE YEAR ENDING JUNE 30<sup>TH</sup>

<b>PLEASE SUBMIT COPY OF:</b> BUSINESS NAME REGISTRATION COMMERCIAL LIABILITY INSURANCE CERTIFICATE	<b>FOR MOBILE FOOD SERVICE SUBMIT:</b> MOTOR VEHICLE OWNERSHIP VEHICLE SAFETY STANDARDS CERTIFICATE VEHICLE INSURANCE CERTIFICATE ONTARIO DRIVER'S LICENCE POLICE SECURITY CLEARANCE REQUEST TSSA PROPANE APPROVAL (IF APPLICABLE) PHOTOGRAPHS (2) PROOF OF INSTALLATION OF AUDIBLE REVERSING ALARM ON VEHICLE	<b>INDICATE TYPE:</b> RESTAURANT OWNER MOBILE FOOD SERVICE OWNER OPERATOR MOBILE FOOD SERVICE OPERATOR PORTABLE FOOD SERVICE OWNER OPERATOR CATERING FOOD SERVICE OWNER REFRESHMENT CYCLE OWNER EVENT FOOD SERVICE
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LICENCE FEE \$ \_\_\_\_\_  
*(Cheque payable to the Town of Halton Hills)*

**SECTION A: To be completed in full by the applicant**

**APPLICANT IS:** SOLE PROPRIETORSHIP PARTNER IN A PARTNERSHIP AN OFFICER OR DIRECTOR OF A CORPORATION

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ Postal Code \_\_\_\_\_

**BUSINESS OPERATING NAME:** \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ Postal Code \_\_\_\_\_

BUSINESS PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_

**IF RESTAURANT, WILL YOU OFFER CATERING SERVICES?** YES NO **SALE OF TOBACCO?** YES NO

**IF MOBILE FOOD, PORTABLE OR CATERING SERVICE, WILL YOU PROVIDE FOOD SERVICE AT EVENTS?** YES NO

**HAVE OR WILL BUILDING ALTERATIONS REQUIRING A BUILDING PERMIT BE CARRIED OUT?** YES NO

**HAS A CHANGE OF USE OF THE BUILDING OR UNIT OCCURRED?** YES NO

The Applicant acknowledges that the Licence is subject to the provisions of the Town of Halton Hills Licensing By-law No. 2005-0067 and agrees to comply with these provisions. The information contained in this application for a Business Licence is true and correct. I am the applicant or, where the applicant is a corporation or partnership, I am a person who has authority to bind the applicant.

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OPTIONAL: I authorize the Town of Halton Hills to post my business name on the Town's website only to indicate to the public that I am a licensed business that meets the requirements of the Town of Halton Hills Licensing By-law No. 2005-0067.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: To be completed if business is a partnership or corporation**

**ATTACH ARTICLES OF INCORPORATION**

NAME OF PARTNERSHIP OR CORPORATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ Postal Code \_\_\_\_\_  
 (If different from above)

NAME OF PARTNER: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ Postal Code \_\_\_\_\_

Personal Information contained in this form is collected under the authority of Section 155 of the Municipal Act 2001, c. 25 and the Town of Halton Hills By-law No. 2005-0067, as amended for the purpose of issuing a business licence and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding this collection may be directed to the Office of the Town Clerk.