



Application for a

**PERSONAL CARE SERVICE ESTABLISHMENT LICENCE**

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

TERM OF LICENCE: ONE YEAR EXPIRING OCTOBER 31<sup>ST</sup>

**PLEASE SUBMIT COPY OF:**

- BUSINESS NAME REGISTRATION
- COMMERCIAL LIABILITY INSURANCE
- CERTIFICATE OF QUALIFICATION FOR HAIR CUTTING/STYLING
- ACCREDITATION OF TRAINING FOR PERSONAL CARE PROCEDURE (if applicable)

**INDICATE TYPE:**

- ACUPUNCTURE
- BARBER SHOP
- BEAUTY TREATMENT
- BODY & EAR PIERCING
- ESTHETICIAN/ELECTROLYSIS
- HAIR CUTTING & STYLING
- MANICURE AND PEDICURE
- MICROPIGMENTATION OR TANNING
- TATTOOING
- OTHER \_\_\_\_\_

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 \_\_\_\_\_

**DO YOU OFFER THE SERVICES OF A REGISTERED MASSAGE THERAPIST?** YES NO IF YES, PROVIDE REG. NUMBER \_\_\_\_\_

**DO YOU HAVE A HOT TUB?** YES NO **SAUNA?** YES NO **TANNING BED?** YES NO **SPA?** YES NO

**DO YOU SELL FOOD?** YES NO **PREPARED FOOD?** YES NO **PREPACKAGED FOOD?** 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 (if applicable)**

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.