

Application for a
RETAIL TRADE 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 AUGUST 31ST

PLEASE SUBMIT COPY OF:

- BUSINESS NAME REGISTRATION
 ONTARIO RETAIL SALE TAX VENDOR PERMIT

LICENCE FEE \$ _____
(Cheque payable to the Town of Halton Hills)

INDICATE TYPE AND/OR DESCRIBE:

- | | |
|--|---|
| <input type="checkbox"/> SALE OF PETS | <input type="checkbox"/> RETAIL ESTABLISHMENT _____ |
| <input type="checkbox"/> KENNEL | <input type="checkbox"/> SPECIALTY FOOD _____ |
| <input type="checkbox"/> SIGN DISTRIBUTOR | <input type="checkbox"/> AUTOMOBILE DEALERSHIP |
| <input type="checkbox"/> FLEA MARKET OR TRADE SHOW | <input type="checkbox"/> CONVENIENCE STORE |
| <input type="checkbox"/> PAWNBROKER | <input type="checkbox"/> GASOLINE/FUEL STATION/ CONVENIENCE STORE |
| <input type="checkbox"/> SECOND HAND GOODS DEALER | <input type="checkbox"/> GROCERY STORE/SUPERMARKET |
| <input type="checkbox"/> INDOOR MALL TRADE SHOW | |

SECTION A: To be completed in full by the applicant

APPLICANT IS: INDIVIDUAL OR 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 _____

WILL YOU SELL FOOD? YES NO **TOBACCO?** YES NO **FIREWORKS?** YES NO

WILL YOU OFFER OTHER SERVICES? YES NO **IF YES,** please describe: _____

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

HAVE OR WILL BUILDING ALTERATIONS REQUIRING A BUILDING PERMIT BE CARRIED OUT? 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.