



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
SPECIALTY TRADE CONTRACTOR LICENCE

TERM OF LICENCE: ONE YEAR EXPIRING MARCH 31ST

PLEASE SUBMIT COPY OF: BUSINESS NAME REGISTRATION COMMERCIAL LIABILITY INSURANCE CERTIFICATE CERTIFICATE OF QUALIFICATION (if applicable)	INDICATE TYPE: MASTER JOURNEYMAN CONTRACTING COMPANY	INDICATE TRADE: Plumbing HVAC Electrical General Trade Drain Layer Septic Tank
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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:	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			

NAME OF MASTER IN YOUR EMPLOY: _____ **YEARS OF EXPERIENCE:** _____
 (if applicable) (if certificate of qualification not required)

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: (If different from above)	TOWN/CITY	Postal Code
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.