



Application for a
VEHICLE SERVICES 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 NOVEMBER 30TH

SUBMIT: BUSINESS NAME REGISTRATION CERTIFICATE OF QUALIFICATION MOTOR VEHICLE DEALERS REGISTRATION CERTIFICATE (if applicable) MOTOR VEHICLE OWNERSHIP OF TOW TRUCK(S) (if applicable) ONTARIO RETAIL SALE TAX VENDOR PERMIT (If applicable) LICENCE FEE \$ _____	INDICATE TYPE: FULL SERVICE & SALES FULL SERVICE VEHICLE RESTORATION & SALES	LIMITED TO: MECHANICAL REPAIR GARAGE AUTO BODY PAINT & REPAIR SHOP CAR WASH CLEANING & DETAILING RUST PROOFING OTHER: _____
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(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 OPERATE A MOTOR VEHICLE SAFETY INSPECTION STATION?	YES	NO
IF FULL SERVICE WILL YOU PERFORM AUTO BODY & PAINT REPAIRS?	YES	NO
WILL YOU TOW (CUSTOMER) VEHICLES AS AN ACCESSORY USE TO YOUR BUSINESS?	YES	NO
HAVE OR WILL BUILDING ALTERATIONS REQUIRING A 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.