

OFFICE USE ONLY:

LICENCE #: \_\_\_\_\_

Type of Licence: \_\_\_\_\_



### BUSINESS LICENCE APPLICATION

Application Fee:	Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Other
		<input type="checkbox"/> Cheque – payable to the Town of Wasaga Beach	
<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Transfer of Existing Business	<input type="checkbox"/> Relocation of Business	
Duration of the Business Operation:		<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round
<b>PROPERTY OWNER INFORMATION:</b>			
Full Name:			
Address (Inc. Unit #):			
City:		Postal Code:	
Phone:		Fax:	
Email:			
Emergency Phone (After Hours):			
<b>APPLICANT INFORMATION (person or corporation operating the business):</b>			
<input type="checkbox"/> Sole Proprietor	Full Name:		
<input type="checkbox"/> Partnership	Full Names of all Partners:		
<input type="checkbox"/> Corporation	Full Name of Corporation:		
Name(s) of authorized signing officers:			
Applicant Address (Inc. Unit #):			
City:		Postal Code:	
Phone:		Fax:	
Email:			
<b>BUSINESS INFORMATION (please note this information will be published):</b>			
Business Name:			
Business Location (Inc. Unit #):			
City: Wasaga Beach		Postal Code:	
Phone:		Fax:	
Email:			
Website:			
<b>MANAGER/OPERATOR OF THE BUSINESS INFORMATION:</b>			
Full Name:			
Address (Inc. Unit #):			
City:		Postal Code:	
Phone:		Fax:	
Email:			
Emergency Phone (After Hours):			

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**APPLICATION REQUIREMENTS:**

Date of possession of premises:

Previous use of building/unit and business name:

Description of premises (i.e. Mall unit, detached dwelling, square footage):

Proof of contractual or proprietary interest in the premises upon which the business is to be operated i.e. lease or property tax bill

Hours of operation:

Photo ID of all signing officers/operators/managers listed on application

General Liability Insurance

Submit one of the following:

- If operating as a Sole Proprietor provide a current Master Business Licence from Service Ontario
- If operating as a Corporation provide a current Corporation Profile Report or Articles of Incorporation

Other businesses currently operated by Applicant in Wasaga Beach:

Explain in detail the nature of the business operation (i.e. goods and services offered, etc.):

**TOURIST ESTABLISHMENT OWNERS/OPERATORS ONLY:**

How many units are there?

Are the units winterized?  YES  NO

Do your guests occupy units for periods of:

1-7 days OR  8-14 days OR  15-22 days OR  23-31 days

OR please explain if your length of rental varies from season to season:

**APPROVALS/INSPECTIONS REQUIRED:**

Zoning Services

Building Services

- Will you be doing new alterations and/or construction?  YES  NO
- Have you confirmed with the Property Owner if there are any open building permits or inspection deficiencies?  YES  NO

Fire Department

Property Standards (705-429-2511)

Simcoe Muskoka District Health Unit (705-721-7520)

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**SIGNATURE:**

I/We, \_\_\_\_\_, the applicant, hereby acknowledge and declare that;

- I/We are prepared to operate this business in accordance with the terms and conditions of the Town of Wasaga Beach Business Licensing By-law 2019-26 and acknowledge that ALL business operations within the Town of Wasaga Beach must have a current business license prior to operating a business;
- The information contained in this application is true and complete to the best of my/our knowledge, and that failure to provide complete or accurate information may delay the licensing process;
- The submission of an application and payment of licensing fees in advance does not constitute any approval to commence or continue any business activity. Applicants must await an approval before engaging in any business activity. Application fees are non-refundable once an application has been circulated, even if an approval is denied

Applicant Name(s) (print)	Signature(s)	Date