

City of Greater Sudbury • Licensing/Compliance – Enforcement Services
P.O. Box 5000, STN A • 200 Brady Street • Sudbury, ON P3A 5P3

☎: 3-1-1 • ☎: 705-674-4455 ext 2469/2320 • Fax:705-671-0871

- Zoning
 - Police
 - Health
 - Fire
 - Building
 - C of Q
 - WSIB
 - Liability
 - Other
- _____
- _____

APPLICATION FOR BUSINESS LICENCE

TO BE COMPLETED BY ALL APPLICANTS

This is an application for (check one)

- New Business
- Renewal of Business
- Change of Ownership (New Application)
- Change of Name: Previous Name _____
- Change of Address: Previous Address _____

BUSINESS INFORMATION

NAME OF BUSINESS _____

TYPE OF BUSINESS, TRADE OR OCCUPATION (check all applicable)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Auctioneer <input type="checkbox"/> Building Renovator <input type="checkbox"/> Chimney Repairer <input type="checkbox"/> Convenience Store <input type="checkbox"/> Drainlayer/Septic Tank Installer <input type="checkbox"/> Gold Purchaser <input type="checkbox"/> Hawker/Pedlar, Class 1 - Day Sales <input type="checkbox"/> Hawker/Pedlar, Class 2 - Temporary Sales <input type="checkbox"/> Hawker/Pedlar, Class 3 - Door-to-Door Sales <input type="checkbox"/> Hawker/Pedlar, Class 4 - Door-to-Door Salesperson <input type="checkbox"/> Hawker/Pedlar, Class 5 - Antique & Collectible Shows <input type="checkbox"/> Hawker/Pedlar, Class 6 - Craft Show <input type="checkbox"/> Hawker/Pedlar, Class 7 - Trade Show <input type="checkbox"/> Hawker/Pedlar, Class 8 – General <input type="checkbox"/> Heating Contractor <input type="checkbox"/> Kennel <input type="checkbox"/> Master Steam & Hot Water Heating Installer <input type="checkbox"/> Master Warm Air Heating Installer <input type="checkbox"/> Home Occupation (type) _____ <input type="checkbox"/> Insulation Installer | <ul style="list-style-type: none"> <input type="checkbox"/> Midways _____ <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Mobile Sign Dealer <input type="checkbox"/> Motor Vehicle Racing/Motorcycle Racing <input type="checkbox"/> Place of Amusement, Circus and Midway <input type="checkbox"/> Place of Amusement, except Circuses & Midways <input type="checkbox"/> Public Presentation, Movie & Live Theatre <input type="checkbox"/> Plumbing Contractor <input type="checkbox"/> Master Plumber <input type="checkbox"/> Public Hall (seating capacity over 100) <input type="checkbox"/> Public Presentation, except Movie & Live Theatre <input type="checkbox"/> Retail Sales of Cigars, Cigarettes & Tobacco <input type="checkbox"/> Shooting Galleries and Ranges <input type="checkbox"/> Sign Painter <input type="checkbox"/> Special Sales <input type="checkbox"/> Street Sale Permit \$248.48 <input type="checkbox"/> Tourist Camp <input type="checkbox"/> Travel Trailer Park <input type="checkbox"/> Other _____ |
|--|--|

BUSINESS INFORMATION (Cont'd)

Address of Location to be Registered (Number & Street, Town/City, Postal Code)

Mailing Address (if different than above)

Telephone Number

Fax Number

E-mail Address

Internet Address

Length of Time Operated Business at Said Location

Location of Other Branches in the City of Greater Sudbury

STREET SALE PERMIT

Location on Municipal Sidewalk or Municipal Property – Attach map of specified location

Type of Permit

TYPE OF APPLICANT

- Individual - *Complete Section A*
- Partnership-Limited- *Complete Section B*
- Partnership-General - *Complete Section B*
- Corporation - *Complete Section C*
- Other – *Complete Section D*

SECTION A - INDIVIDUAL

Full Legal Name

Applicant's Title

Home Address (Number, Street and Town/City, Postal Code)

Mailing Address (if different than above)

Telephone Number

Fax Number

E-Mail Address

Internet Address

SECTION B
PARTNERSHIPS (To be completed by those operating as Partnerships)

NAME AND RESIDENCE ADDRESS OF EACH PARTNER

Full Legal Name

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

Full Legal Name

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

Full Legal Name

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

ATTACH AN ADDITIONAL SHEET IF NECESSARY

SECTION C
CORPORATIONS (To be completed by those operating as Corporations)

Name of Corporation

Address of Head Office (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

LIST OF OFFICERS AND DIRECTORS WITH TITLE AND RESIDENCE ADDRESS

Name of Officer/Director

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

Name of Officer/Director

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

Name of Officer/Director

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

ATTACH AN ADDITIONAL SHEET IF NECESSARY

SECTION D
OTHER (To be completed by those operating as another type of business entity)

Complete Name of Business Entity

Address of Head Office (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

LIST OF THOSE PERSONS AUTHORIZED TO LEGALLY BIND THE BUSINESS ENTITY

Name

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

Name

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

Name

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

ATTACH AN ADDITIONAL SHEET IF NECESSARY

ACKNOWLEDGMENT AND CONSENT

The applicant(s) signed this application on the _____ day of _____, 20____ and certifies that all information and statements made herein and supporting schedules and documentation are accurate and complete, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with law.

I/We acknowledge that I/we are eighteen (18) years of age or older.

I/We have read and understand the above **NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** and consent to the indirect collection of personal information by the City of Greater Sudbury and consent to the use and disclosure of such personal information as described in the above **NOTICE**.

I/We also acknowledge that employees of the City of Greater Sudbury, the Greater Sudbury Police Service and/or the Sudbury and District Health Unit or their authorized representatives may enter the subject business during hours of normal operation in order to conduct inspections and monitor facility operations to verify compliance with the City's by-laws and regulations.

IF A CORPORATION, PRESIDENT AND ONE DULY AUTHORIZED OFFICER MUST SIGN
IF A LIMITED LIABILITY PARTNERSHIP, ALL MEMBERS MUST SIGN
IF A PARTNERSHIP, ALL PARTNERS MUST SIGN
IF A SOLE PROPRIETORSHIP, THE OWNER MUST SIGN

ATTACH AN ADDITIONAL SHEET IF NECESSARY

Signature	Title
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Signature	Title
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Signature	Title
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Signature	Title
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THIS PAGE FOR OFFICE USE ONLY

Licensing Requirements for All New Businesses

Section	Date Approved	Comments	Fee
CPIC(If applicable)			n/a
Health(If applicable)			n/a
Fire (If applicable)			
Building (If applicable)			
By-law / Zoning Check (If applicable)			
Administration			

Total Fee: \$

Method of Payment:

- Cheque Cash Debit

Date:

Receipt #:

Street Sale Permit (Additional Requirements)

- Refreshment Vehicle – Certificate of Insurance in City’s Standard Form
- Refreshment Vehicle – Annual Safety Certification of Propane Components in accordance with the guidelines of the Technical and Safety Standards Authority.

Trade Licencing (Additional Requirements)

- Provincial Certificate of Qualification - Masters Only
- Proof that all workers and employees are protected under the provisions of the Workplace Safety and Insurance Act - Contractors Only
- Regular Place of Business is in Ontario - Contractors Only
- Photo Identification Issued - Masters Only
- Written Examination Provided by Technical Services Section - Drain Layers Only

Circuses and Other Traveling Exhibitions (Additional Requirements)

- Proof that all workers and employees are protected under the provisions of the Workplace Safety and Insurance Act
- Certificate of Insurance in Form Acceptable to the City’s Risk Manager-Insurance Officer

Special Sales (Expires 30 Days After the Date of Issue)

- Inventory of Goods to be Sold