

City of Greater Sudbury • Licencing/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

APPLICATION FOR REGISTRATION OF CERTAIN BUSINESSES

TO BE COMPLETED BY ALL APPLICANTS

This is an application for (check one)

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

BUSINESS INFORMATION

NAME OF BUSINESS

Type of Business, Trade or Occupation

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Bed and Breakfast Establishment <input type="checkbox"/> Boarding House <input type="checkbox"/> Body Enhancement Shop <input type="checkbox"/> Eating or Drinking Establishment <input type="checkbox"/> Food Shop <input type="checkbox"/> Hairstylist <input type="checkbox"/> Hotel | <ul style="list-style-type: none"> <input type="checkbox"/> Motel <input type="checkbox"/> Public Bath Premises <input type="checkbox"/> Refreshment Vehicle <input type="checkbox"/> Swimming Pool Premises <input type="checkbox"/> Wading Pool <input type="checkbox"/> Water Slide |
|--|--|

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

TYPE OF APPLICANT

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

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

Name	
Address (Number and Street)	
Mailing Address (if different than above)	
City, Province, Postal Code	
Telephone Number	Fax Number
E-Mail Address	Internet Address
Name	
Address (Number and Street)	
Mailing Address (if different than above)	
City, Province, Postal Code	
Telephone Number	Fax Number
E-mail Address	Internet Address
Name	
Address (Number and Street)	
Mailing Address (if different than above)	
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)

Mailing Address (if different than above)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

Name of Officer/Director

Title

Address (Number and Street)

Mailing Address (if different than above)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

Name of Officer/Director

Title

Address (Number and Street)

Mailing Address (if different than above)

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)

Mailing Address (if different than above)

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

ADDITONAL INFORMATION

Have you ever had a licence or registration cancelled, suspended or revoked in any other municipality in Ontario or other Province? YES NO

NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information and confidential third party information is being collected by the City of Greater Sudbury under the authority of the *Municipal Act, 2001* and will be used, maintained and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.

Information collected on this form and indirectly will be used for the following purposes:

- 1) To determine the eligibility of the applicant for business registration or licensing.
- 2) Information submitted by applicants may be shared with officials of the City of Greater Sudbury, the Greater Sudbury Police Service and/or the Sudbury and District Health Unit who are assisting the Issuer of Licenses.

Any questions or concerns pertaining to the collection and disclosure of information can be directed to:

Legislative Compliance Co-ordinator, Office of the City Clerk, 2nd Floor, Tom Davies Square, 200 Brady Street, Sudbury, Ontario P3A 5P3; ☎: 3-1-1; ☎: Long distance 705-671-2489; Fax: 705-671-8118

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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