



Business Licence Application
The Corporation of the City of Stratford
City Clerk's Office 519-271-0250 Ext. 237

Type of Application:

- Corporation
- Partnership
- Sole Proprietorship

Required documents:

- Copy of Articles of Incorporation or Master Business Licence attached
- Copy of authorization letter/lease agreement obtained from property owner attached

Name of applicant (Please print)		Operating name of business (Please print)	
Address of applicant		Address of business being applied for	
City	Postal Code	City	Postal Code
Home telephone number	Date of Birth	Business telephone number	
Email:			

Have any renovations been performed in your business unit? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name & address of contractor:		
Has any cooking equipment been added to your business units? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you applied for a Building Permit/Plumbing Permit? <input type="checkbox"/> No <input type="checkbox"/> Yes	Anticipated date of opening (yyyy/mm/dd)

Indicate type of licence being applied for and supply information, where applicable:

<input type="checkbox"/> Adult live entertainment parlour (to be submitted with Adult Live Entertainment Parlour Operator's Licence)	
<input type="checkbox"/> Adult entertainment body rub parlour (to be submitted with Adult Entertainment Services Parlour Operator's Licence)	
<input type="checkbox"/> Adult entertainment performer	
<input type="checkbox"/> Auctioneer – Location of auction:	
<input type="checkbox"/> Body Piercing Parlour	
<input type="checkbox"/> Hawker-Pedlar <input type="checkbox"/> Flea Market <input type="checkbox"/> Show <input type="checkbox"/> Door to Door sales Location: _____ Number of vendors: _____ Exemption of licence fee: _____ Charitable Organization Registration Number: _____	<input type="checkbox"/> Site Plan attached Are you selling from one location: <input type="checkbox"/> No <input type="checkbox"/> Yes What is the length of time you will be selling? <input type="checkbox"/> 1-3 days – provide dates: <input type="checkbox"/> up to 3 months – provide dates:
<input type="checkbox"/> Old Gold, other precious metals and old jewelry sales	
<input type="checkbox"/> Outdoor Café – on municipal property <input type="checkbox"/> Liquor Licence attached <input type="checkbox"/> Agreement to use Municipal property attached/on file <input type="checkbox"/> Agreement fee paid	
<input type="checkbox"/> Pawnbroker (\$2,000.00 security deposit required)	
<input type="checkbox"/> Refreshment vehicle & Bicycle Ice Cream vehicle (copy of driver's licence, motor vehicle permit & certificate of insurance to be attached)	
<input type="checkbox"/> Tattoo Parlour	



Business Licence Application
The Corporation of the City of Stratford
City Clerk's Office 519-271-0250 Ext. 237

I, _____ (please print) the undersigned, certify that the statements herein contained in the said application are true and made with a full knowledge of the circumstances connected with the same, and acknowledge that I have read the declaration and notice contained below.

The undersigned agrees that the issuance of a licence will be subject to approvals from such municipal or provincial departments or agencies as the City Clerk deems necessary. The issuance of a licence is not intended and shall not be construed as permission or consent by the Corporation for the holder of the licence to contravene or fail to observe or comply with any law of Canada or Ontario or any by-law of the Corporation.

Any business licence application that has not received approvals from all municipal or provincial departments or agencies as the City Clerk deems necessary within 90 days from the date of the filing of the application, because of the applicant's inability to comply with the requirements to become licenced, shall be deemed to be refused.

Dated at Stratford, Ontario, this _____ day of _____, 20_____.

- Owner of Property
- Authorized Agent

 Applicant's signature
 (If a limited company, affix corporate seal over signature)

For City Hall use only:

Application fee received: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card Amount: _____			
Date received: _____			
Stratford Police Department	Departmental approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date: _____	Signature: _____
Stratford Fire Department	Departmental approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date: _____	Signature: _____
City of Stratford Engineering & Public Works Department, Building & Planning Department	Departmental approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date: _____	Signature: _____
Huron Perth Public Health 653 West Gore Street, Stratford	Departmental approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date: _____	Signature: _____

If you require a document in an alternate format, please contact City Hall at 519-271-0250 ext. 237 or TTY at 519-271-5241 or email the Clerk's Division at clerks@stratford.ca

Notice of Collection – Personal information collected on this application is collected by The Corporation of the City of Stratford under the authority of the Municipal Act and will be used by City Staff in making decisions on this business licence and for administrative purposes. Questions about the collection and use of this information may be made to the City Clerk, 1 Wellington Street, P.O. Box 818, Stratford, ON, N5A 6W1, or by telephoning 519-271-0250 ext. 5329, during business hours.