



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 (Year, Month, Day)	Business telephone number	

Have any renovations been performed in your business unit?
 No Yes - Name & address of contractor: _____

Has any cooking equipment been added to your business unit? Have you applied for a Building Permit/Plumbing Permit? Anticipated date of opening (YY MM DD)
 No Yes No Yes _____

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

Adult live entertainment parlour (to be submitted with Adult Live Entertainment Parlour Operator's Licence)

Adult entertainment body rub parlour (to be submitted with Adult Entertainment Services Parlour Operator's Licence)

Adult entertainment performer

Auctioneer - Location of auction _____

Body Piercing Parlour

Circus - Proof of insurance included (minimum \$2,000,000.00)

Hawker-Pedlar/Show Flea Market Show Door to door sales Site plan attached

Location: _____ Are you selling from one location?
 No Yes - what is the length of time you will be selling?
 1 - 3 days - provide dates: _____
 up to 3 months - provide dates: _____

Number of vendors: _____

Exemption of licence fee: _____

Charitable Organization Registration No.: _____

Old gold, other precious metals and old jewellery sales

Outdoor café - on Municipal property
Liquor licence attached/on file _____ Agreement to use Municipal property attached/on file _____ Agreement fee paid \$ _____

Pawnbroker (\$2,000.00 security deposit required)

Refreshment vehicle and Bicycle Ice Cream vehicles - (copy of driver's licence, copy of motor vehicle permit and copy of certificate of insurance (\$2,000,000.00 min.) to be attached)
Gas/propane inspection received? No Yes

Tattoo Parlour

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 licensed, shall be deemed to be refused.

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

Owner of property Authorized agent **Applicant's signature** _____ (if a limited company, affix corporate seal over signature.)
Commissioner for Taking Affidavits _____

For City Hall use only

New licence account number		Existing licence account number		Licence number issued	
Remarks Application fee received <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/> credit card					
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 and Building & Planning Department	Departmental approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date:	Signature:		
Perth District Health Unit 643 West Gore Street, Stratford	Departmental approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date:	Signature:		
Decision	City Clerk's signature or designate			YYYY	MM DD