

Business Licence Application Form

For information or assistance completing this application, please contact the Licensing Department at 519.360.1998 or by email at CKlicensing@chatham-kent.ca . You can email your completed application, mail it to the above address, or it can be submitted at any Municipal Centre.

IMPORTANT: Completion of this application does not guarantee approval of application. The issuance of a licence will be subject to approvals from the required departments.

Office Use Only		CV# LC _____
Fee Owning: \$ _____	Payment Received <input type="checkbox"/>	Receipt Number _____
Zoning: <input type="checkbox"/> Email Sent: _____	Health: <input type="checkbox"/> Email Sent: _____	
Building: <input type="checkbox"/> Email Sent: _____	Fire: <input type="checkbox"/> Email Sent: _____	
Business Licence Type		
For a list of Business Licence Types and Current Fees please refer to Schedule A Note: Please list ALL that apply. If multiple selections are made, the applicant may only be required to pay the highest of the fees selected.		
Business Licence Type: 1.		2.
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the business located in a garage/ accessory building? _____	Describe Nature of products sold: _____ _____ _____	
Are you completing any building/plumbing/alteration work associated with a business licence? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe: _____ Note: A building permit may be required and/or additional charges may be applicable. Please contact the Building Services Department prior to application to confirm use is permitted and to determine if any permits are required.		
Have you applied for a Building/Plumbing Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If applying for a Bunkhouse or Seasonal House only: Type of Structure: _____	How Many Bedroom(s): _____ Person(s) per bedroom: _____ Total # of workers being applied for: _____	
Business Information (Please Print)		
Business Name: _____		
Business Operating Address: _____		
City/ Town: _____	Province: _____	Postal Code: _____
Phone Number: _____	Alternate Phone Number: _____	Fax: _____
Email Address: _____		

Applicant Information (Please Print) Note: If more than one applicant, please attach additional sheet

Name: _____ Phone Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Business Mailing Address Note: All correspondence regarding this business will be sent to the Business Operating address. If you like to have your mail sent to an alternate address, please provide below

Address: _____

City/ Town: _____ Province: _____ Postal Code: _____

Business Ownership:

Sole Proprietorship General Partnership Corporation or Charitable Organization

Supporting Documents

If operating as a Sole Proprietor/ General Partnership provide a current Business Name Registration from ServiceOntario

OR

If operating as a Corporation provide a current Corporation Profile Report, or Articles of Incorporation. If operating in a name other than the corporate name please also provide a current Business Name Registration from Service Ontario and/or a Franchise Agreement.

**No corporation shall carry on business or identify itself to the public under a name other than its corporate name unless the name is registered by that corporation.
No Individual or persons associated in partnership shall carry on business or identify their business to the public under a name other than his or her own name, or firm name, unless the name is registered by that individual or associated partnership.

Notice with Respect to Collection of Personal Information

Personal information on this form is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and Protection Privacy Act. I acknowledge that the information requested on this form and any attachments are collected under the authority of the Municipal Act. This information is required in order to process, issue, monitor, regulate and investigate the various licences issued by Licensing Services of the Municipality of Chatham-Kent. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding the collection of information can be made to the Manager of Licensing Services, 315 King Street West, Chatham, ON N7M 5K8, (519) 360-1998.

I declare the information given in this application and any supporting documents is true, correct, and complete in every respect and understand that false statements could result in the revocation of the license, if granted.

Signature: _____ Date: _____