



Business Licence Application

Please complete this application and return with payment to City Hall, 808 2nd Ave East, Owen Sound ON N4K 2H4. Questions about this application can be directed to Lee-Anne Kazarian, Licensing Coordinator, at lkazarian@owensound.ca or 519-376-1440 ext. 1268.

Business & Contact Information

Name of Proposed Business: _____

Location of Business: _____ Proposed Date of Opening: _____

Applicant: _____ Contact Name: _____

Contact Telephone: _____ Contact Email: _____

Mailing Address to mail the licence: _____

Information for business license (check one): Business Name OR Applicant and Business Name

Type of Application & Fee (non-refundable)

Business Type:	Licence Type (if applicable):		Licence Changes (if applicable):	
<input type="checkbox"/> General Business	<input type="checkbox"/> New Licence	\$150.00	<input type="checkbox"/> Change of Ownership	\$50.00
<input type="checkbox"/> Home Based Business	<input type="checkbox"/> Relocation in City	\$50.00	<input type="checkbox"/> Change of Business Name	\$30.00
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Summer Student	\$25.00	<input type="checkbox"/> Replacement Licence	\$30.00
<input type="checkbox"/> Street Food Vending Cart	<input type="checkbox"/> HP (special event)	\$300.00	Note: if more than one Licence Change applies, only the fee of the highest amount will be charged.	
<input type="checkbox"/> Hawker Peddler (HP)	<input type="checkbox"/> HP (1 week)	\$300.00		
	<input type="checkbox"/> HP (1 year)	\$600.00		

Note: Payment must accompany this application. Payment may be made by cash, debit or cheque payable to "The City of Owen Sound".

Business Details

- Please describe the business: _____
- Was the location of your business previously used for commercial occupancy? Yes No
- What was this property previously used for? _____
- What is the size (gross floor area) of the proposed business? _____
- Have you checked with the Planning Department to ensure that the proposed business location is zoned for your type of business? Yes No
- Will there be any changes to the plumbing in the building? Yes No
- Will there be any structural changes to the area where the business is operating? Yes No
If yes a building/plumbing permit will be required.

8. Will you be installing or displaying a sign? Yes No
If yes, please complete the sign application attached.

9. Please explain any parking that will be available for staff and customers:

10. If you are relocating your business, what is the previous address of your business?

11. If the business is changing Ownership, what is name of the previous owner?

12. If the name of the business is changing, what is previous name of the business?

Downtown Improvement Area ("DIA") Businesses

1. Is your business located in the Downtown Improvement Area? Yes No

2. IF yes, please provide an email address if you wish to be added to the DIA email distribution list:

3. IF yes, please provide a web address if you wish to be added as a link on the [DIA website](#):

Home Based Businesses

1. Do you own this property? Yes No

Note: if you are operating your business from a property that you rent or lease, you will need written consent from the owner of the building below or in a separate letter addressed to the City.

I, _____ am the owner of the property that is the subject of this application and I authorize the business described in this application to operate on my property.

Date: _____ Owner's Signature: _____

2. Please list employees working at the home based business that do not live at the premises:

3. Is there another Home Based Business operated from the same premises? Yes No

4. If Yes, what is the name of the other business? _____

5. What is the floor area of the dwelling to be devoted exclusively to the business? _____

6. Please attach a floor plan of the house showing the dimensions for the house and the area dedicated to the business.

7. If the business involves the production of goods/merchandise at the premises, please describe:

8. Will there be goods or service sold from the premises? Yes No

9. Will there be storage of goods or products on the premises? Yes No

10. How many commercial vehicles will be used in the business? _____

11. Please describe the type and size of the vehicle(s): _____

Additional Information

1. You can register your business name and obtain further information with respect to tax remittance, WSIB, etc. at Service Ontario, <https://www.ontario.ca/page/serviceontario>.
2. The Business Enterprise Centre, located at Grey County, 595 9th Avenue East, Owen Sound ON N4K 3E3, 519-371-3232 provides numerous resources for small businesses. You can add your name to the Business Directory by visiting www.madeingrey.ca/business-listings.

Declaration

I declare that the information on this application is true. I agree to conform to the regulations set out in the Business Licensing By-law, all other applicable by-laws and any applicable Federal or Provincial Act or Regulation.

Signature of Applicant

Date

Please note that all personal information submitted for inclusion in this application is collected under the authority of the *Municipal Act, 2001*, and in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and will be used to complete the licensing process. The information provided will be distributed to City Departments and other applicable authorities for comment to determine if a licence will be granted. Certain information will form part of the Council Agenda which is a public record. Questions about this collection should be directed to the City Clerk, Briana M. Bloomfield, 808 2nd Avenue East, Owen Sound, Ontario, N4K 2H4, bbloomfield@owensound.ca, 519-376-4440 ext. 1247.

Office Use Only

Received By: _____ Amount pd: _____ Receipt #: _____ Date received: _____

Notes: _____