

Using this Application Form:

If you wish to operate a Business in the City of Owen Sound, please complete this application, and either drop off or mail to the City Clerk's Office at 808 2nd Avenue East, Owen Sound, ON N4K 2H4. Please advise our office if your business is no longer operating so we may adjust our records.

Please note that you can register your business name and obtain further information with respect to tax remittance, WSIB etc at Service Ontario. For more small business information contact The Business Enterprise Center, located at Grey County 595 9th Ave East, Owen Sound, On N4K 3E3.

Business & Contact Information

Name of Proposed Business: _____

Location of Business: _____

Proposed Date of Opening: _____

Applicant: _____

(Do you wish to have the applicant's name on the business licence or just the business name?)

Contact Name: _____

Mailing Address to mail the licence:

Contact Telephone: _____

Contact Email Address: _____

Type of Application & Fee (non refundable)

Please select one:

- General Business
- Home Based Business
- Bed and Breakfast Business
- Street Food Vending Cart
- Hawker Peddler

Other:

Please select:

- New Licence \$150.00
- Relocation of Owen Sound Business \$ 50.00
- Change of Ownership \$ 50.00
- Change of Business Name \$ 30.00
- Replacement Licence \$ 30.00
- Summer Student Business \$ 25.00
- Hawker Peddler (special event) \$300.00
- Hawker Peddler (1 week) \$300.00
- Hawker Peddler (1 year) \$600.00

Note: Payment must accompany this application made by cash, debit or cheque payable to "The City of Owen Sound". If more than one fee applies, only a single fee of the highest amount will be charged.

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

Have you discussed your business and location with the Building Division? 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.

Will you be installing or displaying a sign? Yes No

If yes, please complete the sign application attached.

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

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

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

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

Home Based Business Only

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 using the box 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: _____

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

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

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

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

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

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

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

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

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

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

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 available in hard copy and electronically on the City's website. Questions about this collection should be directed to the City Clerk, Briana M. Bloomfield, 808 2nd Avenue East, Owen Sound, Ontario, N4K 2H4, email: bbloomfield@owensound.ca, telephone: 519-376-4440 ext. 1247.

Office Use Only

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

Notes: _____