

Please complete this application and return it with payment to City Hall, 808 2<sup>nd</sup> Ave. E., Owen Sound, ON N4K 2H4. Questions about this application can be directed to Lee-Anne Kazarian, Licensing Coordinator, at [lkazarian@owensound.ca](mailto:lkazarian@owensound.ca) or 519-376-4440 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): \_\_\_\_\_

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 \$250.00	<input type="checkbox"/> Change of Ownership \$50.00
<input type="checkbox"/> Home Based Business	<input type="checkbox"/> Relocation in City \$200.00	<input type="checkbox"/> Change of Business Name \$50.00
<input type="checkbox"/> Mobile Food Business	<input type="checkbox"/> Additional Location \$200.00	<input type="checkbox"/> Replacement Licence \$30.00
<input type="checkbox"/> Hawker Peddler (HP)	<input type="checkbox"/> HP (1 week) or special event \$300.00	
	<input type="checkbox"/> HP (1 year) \$600.00	
	<input type="checkbox"/> Non-Profit Organization \$150.00	

Note: Payment must accompany this application. Payment may be made by cash, debit, or cheque payable to the "City of Owen Sound" and is non-refundable.

## 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? \_\_\_\_\_
- If this application is for a general business or home occupation, have you included the Planning Division's approval email with your application?  
 Yes  No
- Will there be any changes to the plumbing in the building?  
 Yes  No

7. 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 new signage at your business?

Yes  No

If yes, please visit [owensound.ca/signpermits](http://owensound.ca/signpermits) or contact the Development Coordinator by email ([building@owensound.ca](mailto:building@owensound.ca)) or phone (519-376-4440 ext. 1231).

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 the name of the previous owner?

\_\_\_\_\_

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

\_\_\_\_\_

### River District Business (Downtown Owen Sound)

1. Is your business located in the River District Business Improvement Area?

Yes  No

If yes, please provide an email address if you wish to be added to the River District email distribution list: \_\_\_\_\_

If yes, please provide a website address if you wish to be added as a link on the [River District 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.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If yes, what is the name of the other business? \_\_\_\_\_

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

\_\_\_\_\_

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

6. If the business involves the production of goods/merchandise at the premises, please describe: \_\_\_\_\_
7. Will there be goods or services sold on the premises?  
 Yes  No
8. Will there be storage of goods or products on the premises?  
 Yes  No
9. How many commercial vehicles will be used for the business? \_\_\_\_\_
10. Please describe the type and size of the vehicle(s): \_\_\_\_\_

### Additional Information

- 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>.
- The Business Enterprise Centre, located at 1130 8<sup>th</sup> St. E., Owen Sound ON N4K 1M7, 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](http://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, at 808 2<sup>nd</sup> Avenue East, Owen Sound, ON, N4K 2H4, [bbloomfield@owensound.ca](mailto:bbloomfield@owensound.ca), or 519-376-4440 ext. 1247.

### Office Use Only

Received By: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_