



Business Licence Application

A Natural Attraction

TYPE OF BUSINESS: _____

NAME & LOCATION OF BUSINESS: _____

(Full Address & Phone) _____

APPLICANT(S): _____

(Name, Full Address & Phone) _____

(Name, Full Address & Phone) _____

- If Applicant is a corporation, attach a schedule containing the address of the head office, the name and residence address of all officers and directors, and the corporation number issued by the Ministry of Consumer and Commercial Relations.
- If Applicant is a partnership, attach a schedule containing the names and residence address of all partners, and the business registration number issued by the Ministry of Consumer and Commercial Relations.
- If Applicant is an individual carrying on business under a name or style other than personal name, provide the business registration number issued by the Ministry of Consumer and Commercial Relations.

I hereby apply for a Business Licence in respect of the above-described business, and acknowledge that I must comply with all applicable municipal by-laws and regulations in the operation of such business.

Signature of Applicant (s): _____ Date: _____
_____ Date: _____

Applicant must attach all items as required and listed in individual packages (Refreshment Vehicle, Lodging Home, and Temporary Vendor) in order that this application be viewed as complete.

Office Use Only – The City of Quinte West will assist in the co-ordination of required signatures and reports, if applicable.

	Recommended (signature)	Not Recommended (signature)	Date
BUILDING	_____	_____	_____
ZONING	_____	_____	_____
FIRE	_____	_____	_____
HEALTH UNIT	_____	_____	_____