



TOWN OF COLLINGWOOD BUSINESS LICENCE APPLICATION

Business Name: _____

Applicant (Business Owner): _____

Applicant Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Location of Licence/Sale/Event _____

Type of Business: _____

Property Owner Information (If different from Applicant)

Owner's Name: _____

Owner's Address: _____

Owner's Phone #: _____

I _____ owner of the above noted property owner consent to the business application as requested herein.

Owner's Signature: _____ Date: _____

Type of licence (please check applicable boxes)

- | | |
|---|---|
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Sale of Fireworks |
| <input type="checkbox"/> Busker (no insurance required) | <input type="checkbox"/> Second Hand Goods |
| <input type="checkbox"/> Food Vendor | <input type="checkbox"/> Snowplow Operators |

Licence is required from (d/m/y): ____ / ____ / ____ to: ____ / ____ / ____

A completed application requires:

- Copy of insurance certificate** - general commercial liability insurance in the amount of \$2,000,000.00, unless otherwise identified, for the duration of the licence.
- Location / site plan** *inspection(s) maybe required prior to the issuance of the licence
- Health Unit Approval** (Food Vendors)
- Licence Application Fee** (refer to By-law No. 2010-064 for fees)

I _____ as designated/authorized representative of the above noted business hereby apply for the business licence as indicated above and have read the business licencing By-law and agree to the terms and conditions set out therein.

Applicant Signature: _____ Date: _____

***Please submit the completed application to the Town of Collingwood Clerks Department
97 Hurontario Street, Collingwood ON L9Y 3Z5 (705)445-1030**

Personal information is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and pursuant to the Municipal Act 2001, S.O. 2001, c.25 amended, and utilized strictly for business licencing purposes.