



## Business Licence Application

Business Name: \_\_\_\_\_

Business Identification Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Business Licence required:	Cost
<input type="checkbox"/> Home Occupation	\$158
<input type="checkbox"/> New Business	\$158
<input type="checkbox"/> Salesperson	\$229
<input type="checkbox"/> Auctioneer	\$229
<input type="checkbox"/> Kennel	\$129
<input type="checkbox"/> Kennel Renewal Food	\$129
<input type="checkbox"/> Vending Licence	\$229
<input type="checkbox"/> Event Organizer	\$229
<input type="checkbox"/> Pawnbroker	\$229 (including \$2000 security deposit)
<input type="checkbox"/> Pawnbroker Renewal	\$77
<input type="checkbox"/> Change of Address	\$0

Proposed date business is to open: \_\_\_\_\_

Goods to be sold (not applicable to home occupation): \_\_\_\_\_

Services to be offered: \_\_\_\_\_

For Special Sales, indicate the type of sale (Bankruptcy, fire, etc.): \_\_\_\_\_

For Special Sales, indicate the amount of merchandise claiming in dollars: \_\_\_\_\_

I, (please print name) \_\_\_\_\_ certify that the information is true and complete and understand that any false information given will result in termination of the license. I understand that Building Permits are required for renovations and signage for all businesses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to:  
Tillsonburg Customer Service Centre  
10 Lisgar Ave., Tillsonburg, Ontario N4G 5A5  
Phone: 519-688-3009 Fax: 519-688-0759

FOR OFFICE USE ONLY

Date of Payment: \_\_\_\_\_ Roll # \_\_\_\_\_

Date Zoning Approval Received from Corporate: \_\_\_\_\_

Approval From Building Department: \_\_\_\_\_

\_\_\_\_\_

Approval From Fire Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Faxed to Board of Health: \_\_\_\_\_

(Fax #519-539-6206)

Licence # Issued: \_\_\_\_\_

Date Sent to Corporate: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Copy circulated to the following departments:

- Building
- Fire
- Police
- Tax
- Assessment Office
- Development Commissioner