



## Business Licence Application

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

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	\$162
<input type="checkbox"/> New Business	\$162
<input type="checkbox"/> Salesperson	\$234
<input type="checkbox"/> Auctioneer	\$234
<input type="checkbox"/> Kennel	\$132
<input type="checkbox"/> Kennel Renewal Fee	\$132
<input type="checkbox"/> Food Vending Licence	\$234
<input type="checkbox"/> Event Organizer	\$234
<input type="checkbox"/> Pawnbroker	\$234 (including \$2000 security deposit)
<input type="checkbox"/> Pawnbroker Renewal	\$79
<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: \_\_\_\_\_

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  
Email: CSR@tillsonburg.ca

FOR OFFICE USE ONLY

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

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

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

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

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

(Email: [environmentalhealth@swpublichealth.ca](mailto:environmentalhealth@swpublichealth.ca))

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

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

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

Copy circulated to the following departments:

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