



**In Person:**  
Monday - Friday 8:30am - 4:30pm  
Town of Milton  
150 Mary Street  
Milton ON L9T 6Z5

T 905-878-7252  
[www.milton.ca](http://www.milton.ca)

**By Mail:** (Cheque only)  
Town of Milton  
PO Box 400  
Milton, ON L9T 4Z1

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## Annual Business License Application

New  Renewal  Transfer

### Business Information

Business Name:

Business Address: (Incl. Unit #)  City:

Postal Code:  Home Phone:  Mobile:

E-mail:

New? Anticipated date of opening?

Will you be selling any food?  No  Yes

Have any renovations been performed in your business unit?  No  Yes

### Applicant Information

Transfer of Ownership?  Yes  No If Yes, Anticipated date of opening?

Sole Proprietor  Full Name:   
 \*Partnership  Full Name of all Partners:   
 \*Corporation  Full Name of Corporation:

Address: (Incl. Unit #)  City:

Postal Code:  Home Phone:  Mobile:

Email Address:

Mailing Address (if different from above):

City:  Postal Code:

### Signature

I/We hereby acknowledge that I/we have been provided with or have obtained a copy the Town of Milton, Business Licensing By-law, as amended and understand the requirements therein. I/We certify that all information on this application is true.

I/we also certify that I/we have been given an opportunity to review the Business Licensing By-law, as amended, and will act in accordance with such.

Applicant Name:  Signature:  Date:

Required documents specific to each category are listed below, however the Town of Milton reserves the right to ask for additional information to substantiate compliance with any other legislation.



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**The submission of a business license application does not entitle the Applicant to carry on business pursuant to the By-law. The Applicant is only entitled to do so once a current and valid license has been issued.**

<b>Personal Service</b>	<b>Required Documentation</b>
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Hair <input type="checkbox"/> Nail Treatment <input type="checkbox"/> Electrolysis <input type="checkbox"/> Aesthetics <input type="checkbox"/> Micro Pig <input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Other _____	<input type="checkbox"/> Certificate of Insurance (\$2,000,000 Gen. Liability) <input type="checkbox"/> Health Department Approval <input type="checkbox"/> Master Business License <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Employee List and Qualifications  <b>If Body Rub is offered :</b> <input type="checkbox"/> Floor Plan of business <input type="checkbox"/> Criminal Record check for each attendant
<b>CRV Owner</b>	<b>Required Documentation</b>
<input type="checkbox"/> Class 'A' <input type="checkbox"/> Class 'B' <input type="checkbox"/> Class 'C' <input type="checkbox"/> Class 'D'	<input type="checkbox"/> Certificate of Insurance (\$2,000,000 Gen. Liability) <input type="checkbox"/> Health Department Approval (within the last 6 months) <input type="checkbox"/> Master Business License <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Driver's License <input type="checkbox"/> Vehicle Ownership <input type="checkbox"/> Vehicle Safety Standards Certificate <input type="checkbox"/> Propane Safety Certificate <input type="checkbox"/> Driver's abstract issued within 60 days <input type="checkbox"/> Property Owner's written permission (Class D) <input type="checkbox"/> Site plan showing proposed CRV location (Class D) <input type="checkbox"/> Food Supplier Name: _____ <input type="checkbox"/> List of Operators/Attendants <input type="checkbox"/> Criminal Record Check
<b>Vehicle Description</b>	
Colour: _____ Year: _____ Ontario License Plate # _____ VIN # _____	
<b>CRV Operator / Attendant</b>	<b>Required Documentation</b>
<input type="checkbox"/> Class 'A' <input type="checkbox"/> Class 'B' <input type="checkbox"/> Class 'C' <input type="checkbox"/> Class 'D'	<input type="checkbox"/> Driver's License <input type="checkbox"/> Criminal Record Check (Class B, C & D) <input type="checkbox"/> Driver's abstract issued within 60 days
<b>Kennel</b>	<b>Required Documentation</b>
<input type="checkbox"/> Kennel (Boarding / Breeding / Both)	<input type="checkbox"/> Master Business License <b>or</b> Articles of Incorporation <input type="checkbox"/> Site Plan <input type="checkbox"/> Certificate of Occupancy
<b>Salvage Yard</b>	<b>Required Documentation</b>
<input type="checkbox"/> Salvage Yard	<input type="checkbox"/> Master Business License <b>or</b> Articles of Incorporation <input type="checkbox"/> Site Plan <input type="checkbox"/> Certificate of Occupancy

*All personal information on this application is collected pursuant to Section 11 of the Municipal Act, 2001, S.O. 2001, c. 25 as amended, and will be used to assess eligibility for business licensing and regulating. Questions about the collection of your information can be addressed to: Legislative Administrator, 905-878-7252 x 2109.*