



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

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

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Annual Business License Application		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have any renovations been performed in your business unit? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Applicant Information		
Transfer of Ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Anticipated date of opening?		
<input type="checkbox"/> Sole Proprietor	Full Name:	
<input type="checkbox"/> *Partnership	Full Name of all Partners:	
<input type="checkbox"/> *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		
<p>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.</p> <p>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.</p>		
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.		

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.



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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.

Personal Service	Required Documentation
<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 If Body Rub is offered : <input type="checkbox"/> Floor Plan of business <input type="checkbox"/> Criminal Record check for each attendant
CRV Owner	Required Documentation
<input type="checkbox"/> Class 'A' <input type="checkbox"/> Class 'B' <input type="checkbox"/> Class 'C' <input type="checkbox"/> Class 'D' Vehicle Description Colour: _____ Year: _____ Ontario License Plate # _____ VIN # _____	<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
CRV Operator / Attendant	Required Documentation
<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
Kennel	Required Documentation
<input type="checkbox"/> Kennel (Boarding / Breeding / Both)	<input type="checkbox"/> Master Business License or Articles of Incorporation <input type="checkbox"/> Site Plan <input type="checkbox"/> Certificate of Occupancy
Salvage Yard	Required Documentation
<input type="checkbox"/> Salvage Yard	<input type="checkbox"/> Master Business License or Articles of Incorporation <input type="checkbox"/> Site Plan <input type="checkbox"/> Certificate of Occupancy

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