



Town of Milton
150 Mary Street
Milton, ON L9T 6Z5

T 905 878-7252 x 2105
www.milton.ca

Annual Business License Application

New
 Renewal
 Transfer

Business Information

Business Name:

Business Address: (Incl. Unit #)

City:

Postal Code:

Home Phone:

Mobile:

E-mail (optional):

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.

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.

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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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 (within the last 6 months) <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'	<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
Vehicle Description	
Colour:	Ontario License Plate #
Year:	VIN#
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	<input type="checkbox"/> Master Business License <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Site Plan Approval <input type="checkbox"/> Health Department Approval (within the last 6 months)
Salvage Yard	Required Documentation
<input type="checkbox"/> Salvage Yard	<input type="checkbox"/> Master Business License <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Site Plan/ Zoning Approval

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