



Planning and Economic Development Licensing and By-Law Services
 330 Wentworth Street North
 Hamilton, Ontario L8L 5W3
 www.hamilton.ca
 Phone: (905) 546-2782 Option 3
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 HST# 88932 3218 RT0001

BUSINESS LICENCE APPLICATION

FOR OFFICE USE ONLY

LICENCE NUMBER	
RECEIPT NUMBER	LICENCE FEE
PAYMENT TYPE	APPLICATION DATE
PAYER	RECEIVED BY

Required Information

Note: Required documents vary based on licence type. Please refer to **Business Reference Guide** for specific requirements. Additional Information may be required to process the application. Failure to submit information or complete departmental requirements can delay the processing of the application. **Operating a business without a licence may result in fines or penalties.**

- | | |
|---|---|
| <input type="checkbox"/> Zoning Verification Certificate | <input type="checkbox"/> Government Issued Photo ID |
| <input type="checkbox"/> Corporate Profile or Master Business Licence | <input type="checkbox"/> Vehicle Ownership |
| <input type="checkbox"/> Police Clearance Certificate (less than 36 days old) | <input type="checkbox"/> Certificate of Insurance (vehicle or commercial) |
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Safety Standard Certificate |
| <input type="checkbox"/> Premise Plan | <input type="checkbox"/> Driving Abstract (less than 36 days old) |
| <input type="checkbox"/> Detailed Site Plan | <input type="checkbox"/> Trade Questionnaire |
| <input type="checkbox"/> Litter Control Plan | <input type="checkbox"/> Food Premise Questionnaire |

Licence Type: New Business Change of Ownership

If New Business - anticipated opening date:

A Business is not permitted to open until all requirements have been met and the licence is issued

PLEASE PRINT CLEARLY

Establishment Name (Operating As): _____

Street Address of Establishment: _____ Unit No: _____ Ward: _____

City: _____ Postal Code: _____ Existing Municipal Business Licence Number (if applicable): _____

OWNER:

Last Name: _____ First Name: _____

Registered Corporation Name/Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____ Date of Birth (DD-MMM-YY): _____

Partner Name (Last) (if Partnership): _____ Partner First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____ Date of Birth (DD-MMM-YY): _____

APPLICANT/LICENCE HOLDER: (If different than Owner)

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____ Date of Birth (DD-MMM-YY): _____

Establishment Licences

- Adult Services Entertainment Establishment (Owner)
- Adult Entertainment Theatre
- Adult Video **Class** A B
- Antique Markets and Flea Markets
- Bed and Breakfast
- Body Rub Parlour (Owner)
- Food Premises (Questionnaire to be completed)
- Hotels and Motels
- Kennels and Pet Shops
- Lodging House No. of Rooms: _____
- Pawnbroker
- Payday Loan Business
- Personal Aesthetic Services
- Personal Wellness Service
- Place of Amusement
- Precious Metals & Jewellery Dealer
- Public Garage A1 B1 B2 B3 C D E
- Public Hall
- Residential Care Facility No. of Residents _____
- Rental Housing
- Salvage Yard
- Second Hand Shop
- Tobacco - E-Cigarette Retailers
- Other (Please Specify): _____

Mobile Licences

- Adult Services Entertainment Establishment Attendant
- Adult Services Entertainment Establishment Operator/Manager
- Auctioneer
- Body Rub Parlour Attendant
- Body Rub Parlour Operator/Manager
- Food Service Vehicles **Class** A B C
- Food Service Vehicles - **4 Day Special Event Licence**
- Limousine Driver Limousine Owner
- Mobile Sign Leasing or Renting
- Pedlar
- Personal Transportation Provider
- Seasonal Produce Vendor (45 day licence)
- Taxi Cab Broker
- Taxi Cab Owner (Plate)
- Taxi Cab Driver 90 day Probationary Taxi Cab Driver
- Transient Trader
- Tree Cutter Service Company

Trade Licences (Questionnaire to be completed)

- | | | |
|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Building Repair | <input type="checkbox"/> Contractor | <input type="checkbox"/> Master |
| <input type="checkbox"/> Drain Repair | <input type="checkbox"/> Contractor | <input type="checkbox"/> Master |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Contractor | <input type="checkbox"/> Master |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Contractor | <input type="checkbox"/> Master |
| <input type="checkbox"/> Sprinkler & Fire Protection Installer | <input type="checkbox"/> Contractor | <input type="checkbox"/> Master |

I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any changes in the information provided, during the course of this application, the period of a license and upon any renewal of a license and to ensure compliance with all City of Hamilton Licensing By-law 07-170, pertaining to this application.

The applicant acknowledges that the information provided is accurate and complete and acknowledges that the licence will not be issued if the anticipated business does not comply with the permitted Zoning uses for the business location.

Signature of Applicant

Date of Submission

****Submission of this application does not constitute approval by the City of Hamilton and its Departments****

Application will not be accepted unless all required documents are submitted at time of application. Business licence applications that have not been issued due to the applicants failure to:

- 1. Actively comply with licence requirements;**
- 2. Secure required inspections;**
- 3. Obtains required Certifications;**
- 4. Contact various agencies and secure inspection dates for required documents within 90 days will be deemed closed.**

The personal information collected on this form will be used to contact you for the administration of performing record searches as authorized under the Municipal Act, 2001, section 227. If you have any questions regarding the collection of the information please contact the Licensing Section 905-546-2782 Option # 3 or via email: licensing@hamilton.ca

Providing false or incomplete information could result in the refusal of this application or, if your licence has been issued, in a recommendation to the Licensing Tribunal that your licence be suspended or revoked.