



Hamilton

Planning and Economic Development Department
Licensing and By-Law Services
Licensing
77 James Street North, Suite 250
Hamilton, Ontario L8R 2K3
www.hamilton.ca
Phone: (905) 546-2782

LICENCE APPLICATION

FOR OFFICE USE ONLY

Table with 2 columns: Field Name, Value. Fields include FOLDER NUMBER, PAYER, LICENCE FEE, RECEIPT NUMBER, DATE, PAYMENT TYPE, RECEIVED BY, TRANSFER FROM.

- Licence Applicant: CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIP, INDIVIDUAL (EMPLOYEE)
Required Information: ZONING VERIFICATION CERT./PROPERTY REPORT, VEHICLE OWNERSHIP, CORPORATION/PARTNERSHIP PROFILE, VEHICLE INSURANCE CERTIFICATE, POLICE RECORD CHECK, SAFETY CERTIFICATE, CERTIFICATE OF COMPLIANCE, DRIVING ABSTRACT, PREMISES PLAN, TRADE QUESTIONNAIRE, VENDOR'S PERMIT, FOOD PREMISES QUESTIONNAIRE

THIS FORM MUST BE COMPLETED BY ONE OF THE FOLLOWING: AN INDIVIDUAL OWNER; A PARTNER IN A PARTNERSHIP; OR THE PRESIDENT OR A SIGNING OFFICER OF A CORPORATION.

ADDITIONAL INFORMATION MAY BE REQUIRED TO PROCESS THE APPLICATION. FAILURE TO SUBMIT INFORMATION OR COMPLETE DEPARTMENTAL REQUIREMENTS CAN DELAY THE PROCESSING OF THE APPLICATION AND MAY RESULT IN THE LICENCE NOT BEING ISSUED OR CHARGES BEING LAID.

PLEASE PRINT CLEARLY

Main application form with sections: BUSINESS (Operating Name, Address, BIN), APPLICANT (LICENCE HOLDER) (Name, Address, Phone, Email), Establishment Licences, Mobile Licences, Trade Licences - Please Complete Questionnaire.

I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any change in the information provided, during the course of the application, the period of a licence and upon any renewal of a licence and to ensure compliance with the City of Hamilton Licensing By-law 07-170, as amended, should a licence be issued.

Signature of Applicant

Date

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.

Personal information required by this form is collected pursuant to the City of Hamilton Licensing By-law 07-170 and will be used for licensing purposes. Questions regarding the collection of this information may be addressed to: Licensing and By-law Services, 77 James St. N., Suite #250, Hamilton, Ontario, L8R 2K3. Telephone 905-546-2782.



FOOD PREMISES BAR / NIGHTCLUB QUESTIONNAIRE

Planning and Economic Development Department
Licensing and By-law Services
Physical Address: 77 James Street North, Suite 250
Phone: 905.546.2782 Fax: 905.540.6280
Email: licensing@hamilton.ca

Type of	<input type="checkbox"/>	FOOD PREMISE
Licence	<input type="checkbox"/>	BAR/NIGHTCLUB

THIS FORM MUST BE COMPLETED BY THE INDIVIDUAL OWNER; PARTNER IN A PARTNERSHIP; OR THE PRESIDENT OR SIGNING OFFICER OF THE CORPORATION THAT COMPLETED THE LICENCE APPLICATION FORM

PLEASE PRINT CLEARLY

APPLICANT NAME:				
BUSINESS NAME:				
BUSINESS ADDRESS:				
FOOD PREMISES:				
<i>Please indicate the type of business to be licensed:</i>				
Foodshop Basic (ie. convenience store, no food being prepared on premise) <input type="checkbox"/>				
Refreshment Stand <input type="checkbox"/>				
Restaurant	No. of Seats	Patio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Restaurant Take-out	(No Seating)			<input type="checkbox"/>
Restaurant Drive-In	(No Seating)			<input type="checkbox"/>
Lunch Counter	(15 Seats or less)			<input type="checkbox"/>
Caterer	Home Occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Premise Plan submitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Bars and Nightclubs				
Is business located within the Hess Village Entertainment District? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will there be live or recorded music for entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will there be dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there less than 65% seating for customers who are served food and drink? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Required Information for Bars/Nightclubs				
<input type="checkbox"/>	Contact Information for Responsible Person			
<input type="checkbox"/>	Crowd Control Plan			
<input type="checkbox"/>	Electrical Safety Authority Certificate (required every three years)			
<input type="checkbox"/>	Liquor Licence			
<input type="checkbox"/>	Noise Control Plan			
<input type="checkbox"/>	Premise Plan			
Please Note: Premises Plan must include, but is not limited to, depicting the location, as applicable, of parking areas, queuing areas, walkways, smoking areas patios, seating areas, offices, cloak rooms, dance areas, disc jockey areas, kitchen facilities, bar areas, washrooms, storage areas, and entrance/exits				

I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton, in writing immediately of any change in the information provided, during the course of the application, the period of licence and upon any renewal of a licence and to ensure compliance with the City of Hamilton Licensing By-law 07-170, as amended, should a licence be issued.

Signature of Applicant	Date
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CERTIFICATE OF COMPLIANCE APPLICATION

FOR OFFICE USE ONLY	
FOLDER NUMBER	
PAYER	FEE
RECEIPT NUMBER	DATE
PAYMENT TYPE	RECEIVED BY

Property	Address	Municipality
	Legal Description	
	Reason for Request	

Owner	Owner Name (Last)	Owner Name (First)		
	Owner Address	City	Province	Postal Code
	Home Phone No.	Daytime Phone No.	Extension	Contact Email Address

Applicant	Applicant Name (Last)	Applicant Name (First)		
	Applicant Address	City	Province	Postal Code
	Home Phone No.	Daytime Phone No.	Extension	Contact Email Address

Commercial/ Residential Use	Commercial: The approximate square footage of the building is: _____
	Is this request being made in order to obtain a liquor licence? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Residential: No. of residents: _____ Type of Lodging House: _____

Fees	<input type="checkbox"/> Single Detached Dwelling - \$277.88
	<input type="checkbox"/> Two, Three, or Multiple Dwelling - \$277.88 plus \$41.00 for each additional dwelling unit in excess of the first dwelling unit
	<input type="checkbox"/> Lodging House - \$277.88 (+HST) plus \$30.00(+HST) for each permitted resident. Required every 3 years.
	<input type="checkbox"/> Residential Care Facility - \$277.88 (+HST) plus \$31.00 (+HST) for each permitted resident. Required for first time applications and change in ownership.
	<input type="checkbox"/> All Other Buildings (Liquor Licence) - \$277.88 (+HST) plus \$17.00 (+HST) per each 100 square metre in excess of the first 100 square metres

I acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any change in the information provided, during the course of the application.

Signature of Applicant

Date

Providing false or incomplete information could result in the refusal of this application.
Personal information required by this form is collected pursuant to the City of Hamilton By-law 10-221 and will be used for property compliance reporting purposes. Questions regarding the collection of this information may be addressed to: Licensing and By-law Services, 77 James St. N., Suite #250, Hamilton, Ontario, L8R 2K3. Telephone 905-546-2782.