

TOWN OF INNISFIL

BUSINESS LICENSE APPLICATION

CATEGORY: _____

FILE: _____

LIC.# _____

NEW BUSINESS: _____ **RENEWAL:** _____ **LICENSE FEE:** _____

CLIENT IDENTIFICATION

Registered Name of Business _____

Name of Applicant: _____ Address of Applicant: _____

Operating Business Address: _____

Roll # of address where business is being conducted: _____

Mailing Address: _____

Class of Business: (i.e. trade - electrician) _____ Zoning (i.e. C2) _____

Phone Numbers - Res. _____ Bus. _____ Cell _____

Contact Name/Position: _____

Insurance Company Name: _____ Policy # _____
(Copy of policy must accompany this application)

Broker Name & Phone#: _____ Policy Period: _____

Ministry of Labour Certification (if applicable) _____

Ministry of Environment & Energy No. (if applicable) _____

Trades Qualification Act#: _____

Do you agree to have your business name published on the Town's Economic Development Webpage for public use? Yes _____ No _____

(Office Use Only)

DATED this _____ day of _____

Signature of Owner or Authorized Agent _____

DATE LIC. MAILED: _____

Witnessed by:(Town Staff)