

TOWN OF INNISFIL  
APPENDIX 'A'

CATEGORY: \_\_\_\_\_  
FILE: \_\_\_\_\_  
LIC.# \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

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: (ie: trade - electrician) \_\_\_\_\_ Zoning:(ie: C2) \_\_\_\_\_

Phone No's: 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 Web Page 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)