



TOWN OF FORT FRANCES MUNICIPAL BUSINESS LICENSE APPLICATION

✓ NEW LICENSE    ✓ RENEWAL

**SECTION A - ALL APPLICANTS MUST COMPLETE**

APPLICANTS FULL NAME  
 either Business or Personal PHONE #

FULL ADDRESS

CONTACT NAME  
 personal if business name appears above PHONE #

IF HOME BUSINESS, PLEASE SEE PAGE 2  
 ADDRESS OF BUSINESS NAME OF BUSINESS

Full Mailing Address of Contact

TYPE OF LICENSE

DESCRIPTION

**SECTION B - COMPLETE ONLY IF NEW LICENSE, TRANSFER OF LICENSE OR CHANGE TO LAST YEAR'S LICENSE**

RESIDENCE IN FORT FRANCES \_\_\_\_\_ YEARS

DRIVERS LICENSE # & PROVINCE \_\_\_\_\_

WSIB # OR EQUIVALENCY \_\_\_\_\_ LIABILITY INSURANCE POLICY # \_\_\_\_\_

IF A PROVINCIALLY LICENSED TRADE, STATE NAME \_\_\_\_\_  
*Please attach a copy of trade certificate(s)*

HAVE YOU EVER BEEN DENIED A MUNICIPAL LICENSE? IF YES, PLEASE EXPLAIN

**SECTION C - COMPLETE ONLY IF LICENSE IS TO BE TRANSFERRED**

NAME OF PRESENT LICENCE HOLDER: \_\_\_\_\_

NAME AND ADDRESS OF BUSINESS: \_\_\_\_\_

**SECTION D - VEHICLE INFORMATION - IF APPLICABLE OR CHANGE FROM LAST YEARS LICENSE**

make of vehicle      year      license plate      serial number      colour

\_\_\_\_\_

**SECTION E - ALL APPLICANTS MUST COMPLETE**

I hereby agree to abide by all the by-laws and regulations of the Town of Fort Frances and any statutory laws of the Province and/or Federal governments governing the issue of licenses and the conduct of the business for which a license is applied for herein

I further acknowledge that the said Corporation of the Town of Fort Frances or any of its officers or officials cannot be held responsible in any way whatsoever for any investment made or expenses incurred with any license or application for the same.

I certify that all of my statements are herein true and correct and I understand that any false statement made by me may be cause for my license to be revoked.

date: \_\_\_\_\_ signature: \_\_\_\_\_

**SECTION F - FOR OFFICE USE ONLY**

	Approved	Not Approved	Signature	referred to Council by:	Date
License Inspector - By-Law Officer					
Zoning					
Building Official					
Clerk					
Fee \$ _____      Receipt # _____      Date Paid _____				<b>Council Approval</b>	

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990 cM.45, as amended, and will be used to determine eligibility for the license for which application is made. Questions about this collection of personal information should be directed to: TOWN CLERK, 320 PORTAGE AVE, FORT FRANCES, ON P9A 3P9