



Hamilton

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
Email: licensing@hamilton.ca
HST# 88932 3218 RT0001

BUSINESS LICENCE APPLICATION

FOR OFFICE USE ONLY

LICENCE NUMBER
RECEIPT NUMBER
PAYMENT TYPE
PAYER
LICENCE FEE
APPLICATION DATE
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.

Corporate Profile or Master Business Licence
Certificate of Insurance (vehicle or commercial)
Police Clearance Certificate (less than 36 days old)
Driving Abstract (less than 36 days old)
Zoning Verification Certificate
Scaled Plot Plan
Vehicle Ownership
Trade Questionnaire
Certificate of Compliance
Litter Control Plan
Food Premise Questionnaire
TSSA Inspection Certificate
Government Issued Photo ID
Premise Plan
Safety Standard Certificate
Detailed Site Plan

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

PLEASE PRINT CLEARLY

Licence Type: New Business Change of Ownership

If New Business - anticipated opening date:

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

Mobile Licences

<input type="checkbox"/> Adult Services Entertainment Establishment (Owner)	<input type="checkbox"/> Adult Services Entertainment Establishment Attendant
<input type="checkbox"/> Adult Entertainment Theatre	<input type="checkbox"/> Adult Services Entertainment Establishment Operator/Manager
<input type="checkbox"/> Adult Video Class A B	<input type="checkbox"/> Auctioneer
<input type="checkbox"/> Antique Markets and Flea Markets	<input type="checkbox"/> Body Rub ParlourAttendant
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Body Rub Parlour Operator/Manager
<input type="checkbox"/> Body Rub Parlour (Owner)	<input type="checkbox"/> Food Service Vehicles Class A B C
<input type="checkbox"/> Food Premises (Questionnaire to be completed)	<input type="checkbox"/> Food Service Vehicles - 4 Day Special Event Licence
<input type="checkbox"/> Hotels and Motels	<input type="checkbox"/> Limousine Driver <input type="checkbox"/> Limousine Owner
<input type="checkbox"/> Kennels and Pet Shops	<input type="checkbox"/> Mobile Sign Leasing or Renting
<input type="checkbox"/> Lodging House No. of Rooms: _____	<input type="checkbox"/> Pedlar
<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> Personal Transportation Provider
<input type="checkbox"/> Payday Loan Business	<input type="checkbox"/> Seasonal Produce Vendor (45 day licence)
<input type="checkbox"/> Personal Aesthetic Services	<input type="checkbox"/> Taxi Cab Broker
<input type="checkbox"/> Personal Wellness Service	<input type="checkbox"/> Taxi Cab Owner (Plate)
<input type="checkbox"/> Place of Amusement	<input type="checkbox"/> Taxi Cab Driver <input type="checkbox"/> 90 day Probationary Taxi Cab Driver
<input type="checkbox"/> Precious Metals & Jewellery Dealer	<input type="checkbox"/> Transient Trader
<input type="checkbox"/> Public Garage Type A B1 B2 B3 C D E	<input type="checkbox"/> Tree Cutter Service Company
<input type="checkbox"/> Public Hall	
<input type="checkbox"/> Residential Care Facility No. of Residents _____	Trade Licences (Questionnaire to be completed)
<input type="checkbox"/> Rental Housing No. Of Units _____ No. of Bedrooms _____	<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"/> Salvage Yard	<input type="checkbox"/> HVAC <input type="checkbox"/> Contractor <input type="checkbox"/> Master
<input type="checkbox"/> Second Hand Shop	<input type="checkbox"/> Plumbing <input type="checkbox"/> Contractor <input type="checkbox"/> Master
<input type="checkbox"/> Tobacco - E-Cigarette Retailers	<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.**

Notice of Collection: The City of Hamilton collects Personal Information as defined by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended, under authority of sections 151 and 227 of the Municipal Act, 2001; S.O. 2001, c. 25, as amended, and the City of Hamilton Consolidated By-Law No. 07-170. Personal Information collected on this form will be used to issue, monitor, and regulate licensing, and perform record searches. As permitted or required by law, Personal Information may be shared with Public Health, Hamilton Fire, Building, Zoning or other applicable internal departments for comment or action as it relates to licensing or compliance with laws and bylaws, including external Provincial or Federal Government branches as requested. Personal Information will be de-identified and aggregated for program planning, and for statistical and reporting purposes. By providing your email address, you are consenting to receiving emails from the City of Hamilton and/or their agents/contractors for circulation of information related to the business community, business licensing or the location of the business. Questions about the collection of this personal information can be directed to Tiffany Gardner, Licensing & Bylaw Services, 330 Wentworth St N, 905-546-2424, Tiffany.Gardner@hamilton.ca. **Business Identifying Information:** As mandated by section 2(2.1) and (2.2) of the Municipal Freedom of Information and Protection of Privacy Act, the business information collected on this application form will be maintained as a business record. Information associated with an individual in a professional, business, or official capacity is not personal information. Business information may be publicly available. Providing false or incomplete information could result in the refusal of this application. **Risks of Using Electronic Communication Notice:** The City of Hamilton will use reasonable means to protect the security and confidentiality of information sent and received using electronic communication. However, due to risks such as accidental disclosure or interception by parties not intended to receive the information, we cannot guarantee the security and confidentiality of electronic communication and will not be liable for the improper disclosure of confidential information that is not the direct result of intentional misconduct of the City and/or its staff.