



**APPLICATION FOR BUSINESS LICENCE
The Corporation of the City of Kenora**

Please submit this application to: Licensing Department, City of Kenora
1 Main Street South, Kenora, ON P9N 3X2
Phone: (807) 467-2000 Fax: (807) 467-2045

Type or print plainly in blue or black ink.

Business Name:		Contact name:
Location (address) of business:		Mailing address:
Telephone Number:	Fax Number:	Email:

Owner / Manager Information

Owner / Manager:		Date of Birth:	Type of Business:
Last Name	First Name	Initial	Day Month Year
Address:			Type of Product(s) or Service:
Street City Province Postal Code			
Telephone Numbers:	Drivers License Number:	# of Employees	Liability Insurance Policy:
Day Evening			

WSIB No. or Equivalency:	Have you ever been denied a business license? Yes _____ No _____ Not sure _____ Why?		
Vehicle(s) owned or used by Company:		Vehicle(s) owned or used by Company:	
License #: Model: Year: Colour:		License #: Model: Year: Colour:	
Business Telephone Number:	Fax Number:	Email:	

Special Events Permit / License: (Note: you must apply at least 10 days prior to the event)

Special Event Name:	Event Contact Name & telephone number:		
Dates of event:	Types of products being sold (provide detail):		
From: To:	Name of previous event licensed for:		Date of Previous Event:
Have you been licensed for other special events by the City?	Event Fees: (1 st event \$100.00, 2 nd or more \$50.00 each)		Is food to be sold?: Yes _____ No _____ <small>If yes, contact the Northwestern Health Unit for prior approval (807) 468-3147</small>

City of Kenora Approvals

City Clerk	Date:	Comments:
Fire Chief	Date:	Comments:
Zoning	Date:	Comments:
Chief Building Official	Date:	Comments:

For Office Use Only

Criminal Record Check: <input type="radio"/> Received <input type="radio"/> Approved <input type="radio"/> Not Approved	Date:	List of Employees:
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For Office Use only

<input type="radio"/> Approved <input type="radio"/> Not Approved	License Fee paid:	License Number:
Health Unit Approval <input type="radio"/> Documentation attached?	Chief Building Approval <input type="radio"/>	<input type="radio"/> Economic Development Officer & Tax Collector (Informational purposes only)

Statement of Applicant: I hereby agree to abide by all the By-laws and regulations of the Corporation of the City of Kenora and any statutory laws of the Province of Ontario and/or the Government of Canada concerning the issue of the licenses and the conduct of the business authorized hereby. I further acknowledge that the said Corporation of the City of Kenora or any of its officials cannot be held responsible in any way whatsoever for any investment or expenses incurred with any license or application for the same. I certify that all Statements provided are correct and understand that any false statement shall cause my license to be revoked.

Signature of Applicant: _____ Printed Name: _____ Date: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL ACT, AND WILL BE USED FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR A BUSINESS LICENSE. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO: THE FREEDOM OF INFORMATION AND PRIVACY COORDINATOR, CITY OF KENORA, ONE MAIN STREET SOUTH, KENORA, ON P9N 3X2 (807) 467-2295.