The Corporation of the Municipality of Wawa

40 Broadway Avenue
P. O. Box 500
WAWA, ON P0S 1K0

Phone: (705) 856-2244
Fax: (705) 856-2120
Website: www.wawa.cc

OFFICE USE
Customer Code:_____
Recurring ID:_____

BUSINESS LICENSE APPLICATION

RECEIVED STAMP

A. BUSINESS INFORMATION

Registered Business Name:

Operating Business Name:

Present Business Location/Address:

Previous Business Location/Address:

Business Mailing Address (if different):

Postal Code:	Phone No.:	Fax No.:

Email Address:	Website:

☐ Roll No.: 5776

B. APPLICANT INFORMATION

Name of Applicant:

Address of Applicant:	P.O. Box No.:

Postal Code:	Phone No.:	Fax No.:

C. TYPE OF BUSINESS LICENSE

☐ All Trades & Businesses
☐ Hawker & Peddler-Resident
☐ Hawker & Peddler – Non-Resident
☐ Vending Cart, Wagon, Vehicle Basket
☐ Refreshment Stand & Vehicle
☐ Transient Trader – Non-Resident

D. PERIOD OF BUSINESS

☐ Vending Cart, Wagon, Vehicle Basket From _____ To _____
☐ Hawker & Peddler-Resident/Non-Resident From _____ To _____
☐ Refreshment Stand & Vehicle From _____ To _____
☐ Transient Trader – Non-Resident From To

E. BUSINESS DESCRIPTION

Please describe business (ie. pool hall): _____

Each application for a Business License **MUST** be accompanied with a detailed description of the proposed business including a brief overview of products, services and/or menu (if applicable) to be provided. Attach catalogues and all other materials.

Attachments ☐ Yes ☐ No

Hours of Operation:	Days of Week:	No. of Employees:

Have you ever been denied a business license? ☐ Yes ☐ No **IF YES,** please explain:

_____

F. HOME OCCUPATION

A Home Occupation is a business operating from a residential dwelling unit and which is incidental and secondary to the residential use of the dwelling.

Is the business a Home Occupation Business? ☐ Yes ☐ No

IF YES, attach a statement with a full description of the Home Occupation including a floor plan of the home.

Number of employees (other than residents):

1. Is the Home Occupation secondary to the main residential use? ☐ Yes ☐ No

2.	Will there be open storage or display of materials or finished products?	☐ Yes ☐ No
3.	Will the home occupation change the residential character of the dwelling or create or become a nuisance with regards to noise, fumes, dust, odour, traffic or parking?	☐ Yes ☐ No
4.	Is the floor area devoted to the home occupation more than 25% of the total floor area of the dwelling, or exceeds 46 square metres?	☐ Yes ☐ No
5.	Are persons who reside outside the dwelling employed in the Home Occupation?	☐ Yes ☐ No
6.	Will the Home Occupation be used for an office of a veterinarian, physician or dentist?	☐ Yes ☐ No

G. SIGNS

A sign permit is required for the installation of all signs. The by-law prohibits signs advertising home occupations outdoors in all residential zones.

Will a sign be installed? ☐ Yes ☐ No

H. AGREEMENT

I have read and understand and hereby agree to observe and comply with the by-laws and regulations of the Municipality of Wawa and any Provincial and or Federal Statutes governing the issue of licenses and the conduct of the business. I further acknowledge that the Corporation of the Municipality of Wawa may revoke any license at any time and that any of its officers or officials cannot be held responsible in any way whatsoever for any investment made or expense incurred with any license or application for the same.

I understand that I must obtain the required signatures prior to the approval of my business license.

I understand that no person shall operate a new business until such time that a business license has been approved by the Municipality of Wawa.

I/we are bound by the terms and conditions as set out in the credit agreement herein. I/we further agree to pay our account within the terms, which is upon receipt of goods/services and to pay service charges of 18% per annum on overdue accounts. I/we acknowledge that we are responsible for all charges to our account of which includes the annual Business License Fee according to the Municipality Schedule of Fees. I/we agree to be bound by the terms of repayment of the customer's obligations to any collection agency contracted by the Municipality of Wawa, as well as any other debts that may be incurred in regards to this account, including any collection agency costs.

I certify that all statements are correct and understand that any false statements shall cause my license to be revoked immediately. I have the authority to bind the business or trade.

Date:	**Applicant Signature:**

APPROVALS (signatures required)

Date:	Chief Building Official:	☐ No Comments	☐ Comments:
Date:	Fire Chief	☐ No Comments	☐ Comments:
Date:	By-Law Enforcement Officer	☐ No Comments	☐ Comments:
Date:	Algoma Health Unit:	☐ No Comments	☐ Comments:
Date:	Zoning Administrator:	☐ No Comments	☐ Comments:

FOR OFFICE USE ONLY

Fee Amount Paid:	**Receipt No.:**	**Date Paid:**

LICENSE APPROVED: ☐ **LICENSE REFUSED:** ☐

CAO/Clerk/Treasurer:	Date:

CONDITIONAL LICENSE APPROVED to the following:

Application is approved in accordance with By-Law 2452-11 and in accordance with the *Municipal Act, 2001*, S. O. 2001, Chapter 25.

Personal information on the form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990 Chapter M.56, and will be used in the administration of the Municipality of Wawa By-Laws and will be published in the Municipality of Wawa Business Directory which may be shared with the general public or other ministerial or local organizations to identify the businesses and services available in the community of Wawa. Questions regarding the collection of information should be addressed to the Municipal Clerk at 40 Broadway Avenue, Wawa, ON P0S 1K0. Telephone (705) 856-2244.