



THE CORPORATION OF THE CITY OF DRYDEN
APPLICATION FOR BUSINESS, TRADE, OR OCCUPATION LICENSE
 Licensing Section - Building & Planning Department

Section 1: Business Information:

| | |
|---|--|
| Business Name: | |
| Contact Person: | |
| Business Address: | |
| Postal Code: | |
| Telephone: | |
| Dryden Business Address (if different from above address): | |

Section 2: Business Type:

Explain in detail what your business activities are:

Section 3: Owner / Manager Information: (if applicable)

| | |
|-------------------------------------|--|
| Owner / Manager of Business: | |
| Home Address: | |
| Postal Code: | |
| Home Telephone: | |

Section 4: Certificate of Qualification: (Required if checked off by Issuer of Licenses)

PRIOR TO ISSUANCE OF A BUSINESS LICENSE THE FOLLOWING CERTIFICATE OF QUALIFICATION MUST BE PRESENTED TO THE ISSUER OF LICENSES:

Barber
 Hairstylist
 Electrician
 Plumber
 Mechanic
 Other _____

Section 5: Additional Information Needed For Review: (Required if checked off by Issuer of Licenses)

Proof of Insurance
 Provide names and dates of birth (D.O.B.) of all persons to be conducting business under this license:
 Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____
 Provide make, model and license plate numbers of all vehicles to be used under this license:
 Make: _____ Model: _____ Lic. Plate # _____ Province: _____
 Make: _____ Model: _____ Lic. Plate # _____ Province: _____
 Make: _____ Model: _____ Lic. Plate # _____ Province: _____

Section 6: Owner(s) / Manager(s) Declaration:

I hereby apply for a business license from the City of Dryden, and understand and agree that the issuance of this license shall in no way be construed as permission by the City of Dryden to contravene any of the City of Dryden's by-laws, and in particular, the City of Dryden zoning by-laws. When the licensee is making use of property, the confirmation of the Chief Building Official of the City of Dryden, whose premises are located at 45 King Street, Dryden, Ontario, must first be obtained before this license becomes effective, and failure to obtain such confirmation from the Chief Building Official or designate of the City of Dryden will render this license null and void. All inspections as indicated by the Licensing Department must be completed and recorded on this license application before any license(s) will be issued.

_____ Dated at Dryden this _____ day of _____, _____
 Signature of Applicant

THE CORPORATION OF THE CITY OF DRYDEN
(to be completed by Issuer of Licenses)

INSPECTIONS REQUIRED

Section 1: Northwestern Health Unit, 75D Van Horne Ave., Dryden, ON (if requested by Issuer of Licenses)

This will certify that the premises as described on the reverse have been inspected or approved by a representative of the Northwestern Health Unit and the business and premises conform to our requirements.

Date of Inspection

Public Health Inspector for Medical Officer of Health

- or -

THE NORTHWESTERN HEALTH UNIT REJECTS THIS APPLICATION FOR THE FOLLOWING REASON:

- or -

This is to certify that the Northwestern Health Unit has no objections to the issuance of a business license for the subject premises.

Date

Public Health Inspector for Medical Officer of Health

Section 2: Dryden Fire Service, 189 Colonization Ave., Dryden, ON (if requested by Issuer of Licenses)

This is to certify that the Dryden Fire Service has no objections to the issuance of a business license for the subject premises.

Date

Dryden Fire Service

- or -

THE DRYDEN FIRE SERVICE REJECTS THIS APPLICATION FOR THE FOLLOWING REASON:

Section 3: Dryden Police Service, 64 King Street, Dryden, ON (if requested by Issuer of Licenses)

This is to certify that the Dryden Police Service has no objections to the issuance of a business license for the subject premises.

Date

Dryden Police Service

- or -

THE DRYDEN POLICE SERVICE REJECTS THIS APPLICATION FOR THE FOLLOWING REASON:

Section 4: Application Review

LICENSE CLASSIFICATION: (√ box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Entertainment Stores | <input type="checkbox"/> Alarm Installation | <input type="checkbox"/> Animal Services |
| <input type="checkbox"/> Auctioneers | <input type="checkbox"/> Automotive Repair | <input type="checkbox"/> Barbers |
| <input type="checkbox"/> Exhibitions and Entertainment | <input type="checkbox"/> Food Premises | <input type="checkbox"/> Gasoline Sales |
| <input type="checkbox"/> Hairstyling Shop | <input type="checkbox"/> Hawkers and Pedlars | <input type="checkbox"/> Lodging Houses |
| <input type="checkbox"/> Massage Therapists | <input type="checkbox"/> Motor Vehicle Towing and Storage | <input type="checkbox"/> Refreshment Vehicles |
| <input type="checkbox"/> Commercial Retail | <input type="checkbox"/> Tattoo, Body Piercing, and Electrolysis | |

APPROVED:

Authorizing Signature

NOT APPROVED:

Amount of Fee \$ _____ Date Paid _____ Receipt #: _____ Expiration Date: _____