



Hamilton

Planning & Economic Development Department
Parking & By-Law Services Division
Municipal Law Enforcement (Licensing) Section
77 James Street North, Suite #400
Hamilton, ON L8R 2K3
Phone: (905) 546-2782 Fax: (905) 540-6280

ESTABLISHMENT LICENCE APPLICATION

FOR OFFICE USE ONLY
FOLDER NUMBER
ZONING MAP NUMBER
PAYER LICENCE FEE
RECEIPT NUMBER DATE
PAYMENT TYPE RECEIVED BY
TRANSFER FROM

- REQUIRED INFORMATION
ZONING VERIFICATION CERTIFICATE
ARTICLES OF INCORPORATION
POLICE CLEARANCE/RECORD

THIS FORM MUST BE COMPLETED BY ONE OF THE FOLLOWING: AN INDIVIDUAL OWNER; A PARTNER IN A PARTNERSHIP; OR THE PRESIDENT OR A SIGNING OFFICER OF THE CORPORATION.

ADDITIONAL INFORMATION MAY BE REQUIRED IN ORDER TO PROCESS THE APPLICATION. FAILURE TO SUBMIT THE REQUIRED INFORMATION OR COMPLETE DEPARTMENTAL REQUIREMENTS CAN DELAY THE PROCESSING OF THE APPLICATION AND MAY RESULT IN THE LICENCE NOT BEING ISSUED OR CHARGES MAY BE LAID.

PLEASE PRINT CLEARLY

BUSINESS TO BE LICENSED: LOCATION, UNIT NUMBER, POSTAL CODE, TYPE OF LICENCE(S), BUSINESS NAME, BUSINESS PHONE NO.
APPLICANT: NAME, PHONE NUMBER(S), ADDRESS, CITY, POSTAL CODE

NAME OF LICENCEE - PLEASE COMPLETE APPROPRIATE BOX BELOW

(BOX A) INDIVIDUAL OR PARTNERSHIP: NAME, DATE OF BIRTH, PHONE NUMBER(S), ADDRESS, CITY, POSTAL CODE
(BOX B) CORPORATION: NAME OF CORPORATION, ADDRESS, CITY, POSTAL CODE, NAME OF APPLICANT, CORPORATE POSITION

I acknowledge it is my responsibility to notify the City of Hamilton in writing of any change in the above information, during the course of the application, the period of a licence and upon any renewal of a licence, and (strike if not applicable) I will act as the agent for the applicant company in this regard.

I solemnly declare that the statements made by me and contained in this Licence Application are true and correct to the best of my knowledge and belief, and I make this declaration conscientiously believing it to be true, and knowing that it is of the same effect as if made under oath. I have authority to bind the corporation proposed to be licensed.

SWORN (or Affirmed) BEFORE ME, at the City of Hamilton, this \_\_\_ day of \_\_\_, 20\_\_.

\_\_\_\_\_  
A Commissioner, etc. Signature of Applicant

Personal information is collected pursuant to the City of Hamilton Licensing Code By-law 07-170, as amended and will be maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Personal information collected will be used to administer the licensing program. If you have any questions regarding the collection of this information, please contact a Licence Clerk at 905-546-2782.