



CORPORATION OF THE

TOWNSHIP OF BLACK RIVER-MATHESON

429 PARK LANE, P.O. BOX 601, MATHESON, ON P0K 1N0

TELEPHONE: 705-273-2313 FAX: 705-273-2140

EMAIL: reception@blackriver-matheson.com WEBSITE: www.blackriver-matheson.com

Schedule "J"

BUSINESS APPLICATION

New Business Renewal Change of Ownership/Business Name or Location

A. Business Information

Operating Business name:

Business Address:

Town:

Business Telephone:

Business Fax:

Business E-mail:

Business Website:

Business Description:

B. Applicant Information

Name:

Mailing Address:

Telephone:

E-mail:

C. Business Licence Category

- Auctioneer Group A Business Group B Business
 Group C Business Kennel Home Occupation Home Industry
 Refreshment Vehicle Hawker/Pedlar/ Transient Trader

D. Home Occupation/Home Industry

1. Is the Home Occupation/Industry secondary to the main residential/agricultural use? Yes No
2. Are products produced on the premises? Yes No
3. Are products stored on the premises? Yes No
4. If within a dwelling, what is the size of floor area devoted to the business? _____
5. If the home industry is in an accessory building, what is the size of floor area devoted to the business? _____
6. Indicate the number of employees in relation to the proposed home occupation/industry. _____

E. Municipal Services and Parking

Please indicate which of the following best describes municipal services required in your business operation.

- Class 1 Limited services required (i.e. washroom for public use); example: Consulting Service, Office,
 Class 2 Services required (i.e. sinks for washing, cleaning, etc.); example: Hairdresser, restaurant

Please indicate if off-street parking is available. _____ If available, how many spaces? _____

F. AGREEMENT

I/we solemnly declare that the information contained in this application is true and that the information contained in documents that accompany this application is true and hereby agree to observe and comply with the by-laws and regulations of the Corporation of the Township Of Black River-Matheson 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 Township of Black River-Matheson may revoke any license at any time and that any of its Officers 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.

I further understand that if any of the information contained in the application is found to be incorrect or falsified after the issuance of a license, my license shall be revoked immediately.

Date:	Applicant Signature:
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APPROVALS (signatures required)

Date:	Chief Building Official:	Comments:
Date:	Fire Chief/designate:	Comments:
Date:	Porcupine Health Unit:	Comments:

FOR OFFICE USE ONLY

License Fee Paid: \$	Receipt No:	Date Paid:
Roll Number:	Zoning Designation:	
License Approved: <input type="checkbox"/> License Refused: <input type="checkbox"/>		
Licensing Officer Signature:	Date:	

Personal Information on this form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used in the administration of the Corporation of the Township of Black River-Matheson By-laws. If you have any questions regarding the collection of information should be addressed to the Municipal Clerk at 429 Park Lane, Matheson, ON, P0K 1N0 or call 1-705-273-2313.