

For information or assistance completing this application, please contact the Licensing Department at 519.360.1998 or by email at CKlicensing@chatham-kent.ca . You can mail your completed application to the above address or it can be submitted at any Municipal Centre.

IMPORTANT: The information required by this application is necessary to fully evaluate your request for a Business Licence. Completion of this application does not guarantee approval of application.

<i>Office Use Only</i>		CV# LC _____	
Zoning: <input type="checkbox"/> <i>Email Sent:</i> _____	Health: <input type="checkbox"/> <i>Email Sent:</i> _____		
Fire: <input type="checkbox"/> <i>Email Sent:</i> _____	Police: <input type="checkbox"/> <i>Email Sent:</i> _____		
Business Type			
For a list of Business Types and Current Fees please refer to Schedule A (linked here) <i>Note: Please list ALL that apply. If multiple selections are made, the applicant will only be required to pay the highest of the fees selected.</i>			
Business Type: 1.		2.	
Payment: <input type="checkbox"/>		Fee\$:	
Business Ownership:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or Charitable Organization			
Application Information (Please Print)			
<i>Note: If more than one applicant, please include a list of owners and their full contact information</i>			
Name:		Phone Number:	
Address:			
City/Town:		Province:	Postal Code:
Email Address:			
Business Information (Please Print)			
Business Name:			
Business Operating Address:			
City/ Town:		Province:	Postal Code:
Phone Number:	Alternate Phone Number:	Fax:	
Email Address:			

Business Mailing Address

Note: All correspondence regarding this business will be sent to the address provided above. If you like to have your mail sent to an alternate address, please provide the information below.

Address:

City/ Town:

Province:

Postal Code:

Supporting Documents

If operating as a Sole Proprietor/ General Partnership provide a current Master Business Licence from ServiceOntario

OR

If operating as a Corporation provide a current Corporation Profile Report, or Articles of Incorporation

**No corporation shall carry on business or identify itself to the public under a name other than its corporate name unless the name is registered by that corporation*

**No Individual or persons associated in partnership shall carry on business or identify their business to the public under a name other than his or her own name, or firm name, unless the name is registered by that individual or associated partnership.*

Notice with Respect to Collection of Personal Information

Personal information on this form is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and Protection Privacy Act.

I acknowledge that the information requested on this form and any attachments are collected under the authority of the Municipal Act. This information is required in order to process, issue, monitor, regulate and investigate the various licences issued by Licensing Services of the Municipality of Chatham-Kent. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding the collection of information can be made to the Manager of Licensing Services, 315 King Street West, Chatham, ON N7M 5K8, (519) 360-1998.

I declare the information given in this application and any supporting documents is true, correct, and complete in every respect and understand that false statements could result in the revocation of the license, if granted.

Signature:

Date: