

LICENCE TYPE	Inspections Required	Check	2019 Fees
Pawn Shop	Zoning, Police **		\$388.00
Payday Loan Establishment	Zoning, ***		\$388.00
Personal Service Establishment (body piercing, tattoo, facials, manicures, pedicures, electrolysis etc.)	Health, Zoning		\$246.00
Public Hall	Health, Zoning		\$263.00
Public Pool	Health, Zoning		\$235.00
Rental Dwelling Unit, Large	Health, Fire, Zoning		\$307.00
Restaurant	Health, Zoning		\$246.00
Retirement Home	Health, Fire, Zoning		\$755.00
Salvage Yards	Zoning, Police		\$388.00
Second-hand Shop	Zoning, Police		\$388.00
Summer Camp (charitable non-profit)	Health, Fire, Zoning		\$ 25.00
Tobacco Shops	Health, Zoning		\$236.00
Tourist/Trailer camps - Class 1- Food premises and cottage/cabin	Health, Fire, Zoning		\$330.00
Tourist/Trailer camps - Class 2- Food premises only	Health, Zoning		\$257.00
Tourist/Trailer camps - Class 3- Cottage/cabin only	Fire, Zoning		\$257.00

* Police Reference Check must be provided with application upon submission

** \$2000.00 deposit must be provided upon submission for Pawnbrokers Licence

***A copy of the poster that will be displayed, the credit counselling information that will be provided and proof of Provincial Licence must be submitted with the application for approval by the Licensing Office

Section Six: Inspection Approvals

You will be contacted by each applicable department to make arrangements for your required inspections to take place. If you have specific questions regarding Health or Fire requirements, please contact the Health Unit at 519.352.7270 or the Fire Department at 519.436.3270 for assistance.

Section Seven: Business Information

Please briefly describe the service(s) offered by your business:

Proposed Business Start Date: _____

If known, please indicate the previous business operated at the above address: _____

Is this a home-based business? Y / N

If operating a home-based business:

- Will you be selling any retail products? Y / N
- Will any portion of the business be conducted within a garage? Y / N

If operating a public hall or restaurant:

- Please indicate the total number of seats: _____
- Please indicate the total occupant load (inclusive of employees): _____

Please indicate the total number of male and female washrooms in your facility: _____

If operating a group home:

- Please indicate the total number of occupants: _____
- Of those occupants, please indicate the total number of ambulatory and non-ambulatory patients: _____

** Note: All new businesses requiring new business signage, please contact the Building Department for a Sign Permit Application **

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 of 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 licenses 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 this collecting 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 of Applicant

Date

Office Use Only

- | | | |
|--|----------------------------|-------------|
| <input type="checkbox"/> Application Submitted | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Payment Received | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Certification Provided | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Police Reference Check Provided | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Approvals Completed | Licensing Assistant: _____ | Date: _____ |
| <input type="checkbox"/> Licence Issued | Licensing Assistant: _____ | Date: _____ |