



TOWN OF EAST GWILLIMBURY BUSINESS LICENSE APPLICATION

PLEASE PRINT

Application Date: _____

Business Type _____

1. APPLICANT'S INFORMATION:

2. BUSINESS INFORMATION:

Applicant _____

Address _____

Phone(s) _____ / _____

3. LICENCE HISTORY

Have you been refused a municipal licence or had one suspended or revoked? No Yes

If yes, details _____

I am the applicant herein and am aware that certain searches must be made in the processing of my application for a license and I consent to the Town of East Gwillimbury making enquiries to all the appropriate authorities regarding any criminal record.

I acknowledge that the foregoing application may contain "personal information" as defined under the Municipal Freedom of Information and Protection of Privacy Act, 1989, and that such information is required pursuant to the provisions of the Municipal Act and will be utilized by the Town for the administration of this license. Where such information pertains to a person other than me, that person has authorized me to disclose such information as noted by his or her signature below.

Date

Signature of Applicant

Note: If you have any questions with regard to the collection and use of the personal information requested herein, please contact the Director of Corporate Services at 19,000 Leslie Street, East Gwillimbury, Ontario, L0G 1V0 at (905) 478-4282

FOR OFFICE USE ONLY

APPLICATION FEE \$ _____

RECEIPT NO. _____

DATE OF ISSUE _____

AUTHORIZING SIGNATURE