



Salvage Yard Licence Application

Applicant Information:	
Applicant Name (first and last):	
Applicant Full Address:	
Applicant Phone #:	
Applicant Email:	
Salvage Yard Information:	
Name of Business:	
Name of Owner of Business:	
Full Address of Salvage Yard:	
Phone # of Salvage Yard:	
Fax #:	
Email Address:	
List of Salvaged Materials:	
Property Owner Information (if not the business owner or applicant)	
Name:	
Full Address:	
Phone #:	
Consent of Property Owner:	
I/We _____ being the registered owner(s) of the subject lands, hereby authorize _____ to submit the enclosed application to the Town of East Gwillimbury and to provide any information or material required by the Town of East Gwillimbury relevant to the application.	
this _____ day of _____ 20 _____	
Signature of Owner(s): _____	
Application Requirements: (all requirements must be provided upon application)	
<input type="checkbox"/> Completed Application	
<input type="checkbox"/> Licence Fee	
<input type="checkbox"/> Site Plan Showing All Buildings and Structures	
<input type="checkbox"/> Proof of Business Insurance	
Signature:	
Business Owner/Applicant hereby acknowledges and declares that:	

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- I/We have read and understand By-law 2005-46, being a by-law to licence and regulate Salvage Yards who conduct business in the Town of East Gwillimbury;
- The information contained in this application is true and complete to the best of my/our knowledge, and that failure to provide complete and accurate information may delay or nullify the licensing process;
- I/We are aware that certain searches must be made in the processing of my/our application for a licence and I/We consent to the Town of East Gwillimbury making enquiries to all the appropriate authorities;
- I/We acknowledge that the forgoing application may contain “personal information” as defined under the Municipal Freedom of Information and Protection of Privacy Act, 1989, as amended, 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 licence. 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.

Signature: _____ Date: _____

Office use Only:

Date received:

All documents received: yes no

Approving signature: _____

Business Licence # _____

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