



**Building Department  
Application for Business Licence**

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

<b>For use by the Town of Blind River</b>	
Date Received:	Roll Number: 57-38-000-

Application submitted to : The Corporation of the Town of Blind River
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<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> TRANSFER
To Conduct the Following Business or Activity :		

The undersigned hereby applies for a license as described above and agrees to comply with all By-Laws and Town Regulations and all other applicable governmental requirements, it being expressly understood that the issuing of a licence does not relieve the applicant from complying with all said By-Laws and regulations and all other governmental requirements. The applicant further agrees that if a licence is revoked for any cause or irregularity or non-conformance of said By-Laws or Regulations, that in consideration of the issuing of the license all claims are waived arising therefrom against the Corporation of the Town of Blind River.

**A. Business Information**

Name of Company		
Business Address:		
Telephone Number:	Fax:	
Lot No:	Plan No:	
Vehicle Make:	Color:	Year:
Serial Number:	Ontario Plate:	Expiry Date:

**B. Applicant/ Person in Charge**      Applicant is :  Owner       Authorized Agent of Owner

Last Name	First Name	Corporation or Partnership	
Street Address		Unit Number	Lot/Con
Municipality	Postal Code	Province	E-mail
Telephone Number	Fax Number	Cell Number	

<b>C. Owner (if different from applicant)</b>			
Last Name	First Name	Corporation or Partnership	
Street Address		Unit Number	Lot/Con
Municipality	Postal Code	Province	E-mail
Telephone Number	Fax	Cell Number	

<b>D. Declaration of Applicant</b>	
I <input type="text"/>	of the <input type="text"/> in the
(print name)	Town/City
District of <input type="text"/>	do solemnly declare:
<p>1. That I am the Owner (authorized agent of the owner) named in the application for a license hereto attached.</p> <p>2. That the statements herein contained in the said application are true and made with a full knowledge of the circumstances connected with the same.</p> <p>3. That I know of no reason why the license should not be granted to me in pursuance of the said application.</p> <p>4. And I make this Solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."</p>	
<input type="text"/>	_____
Date	Signature of Applicant

<b>E. For Office use Only</b>		
License Fee:	License Number:	Receipt Number:
Algoma Public Health	Building/Planning Dept.	Ontario Provincial Police
Comments:	Comments:	Comments: