

Niagara Region
 Business Licensing
 5853 Peer Street, Second Floor
 Niagara Falls, Ontario, L2G 1X4

905-980-6000 ext. 6380
 niagararegion.ca/business

Please complete and return this form in person

Type of licence required:

- | | |
|---------------------------|-------------------|
| Auto wrecking and salvage | Second-hand store |
| Salvage yard | Taxicab broker |
| Second-hand dealer | |

Proposed business operating name: _____

Proposed business address: _____

City: _____ Postal code: _____

Business phone number: _____ Email address: _____

Sole Owner

Applicant full name: _____

Full address: _____

Prior address *(if less than one year)*: _____

Phone number: _____ Email address: _____

Date of birth *(mm/dd/yyyy)*: _____ *Country of birth: _____

Partnership

Partnership name: _____

Address of principle place of business: _____

Phone number: _____ Email address: _____

Partners:

Name of partner:	Address:	Phone number:
Date of birth <i>(mm/dd/yyyy)</i>:	*Country of birth:	Percent Interest:

Name of partner:	Address:	Phone number:
Date of birth (<i>mm/dd/yyyy</i>):	*Country of birth:	Percent Interest:

Name of partner:	Address:	Phone number:
Date of birth (<i>mm/dd/yyyy</i>):	*Country of birth:	Percent Interest:

Corporation

Corporation name:

Address of principle place of business:

Phone number:

Shareholders:

Name of shareholder:	Address:	Phone number:
Date of birth (<i>mm/dd/yyyy</i>):	*Country of birth:	Date became stakeholder (<i>mm/dd/yyyy</i>):
		Percentage of total share:

Name of shareholder:	Address:	Phone number:
Date of birth (<i>mm/dd/yyyy</i>):	*Country of birth:	Date became stakeholder (<i>mm/dd/yyyy</i>):
		Percentage of total share:

Name of shareholder:	Address:	Phone number:
Date of birth (<i>mm/dd/yyyy</i>):	*Country of birth:	Date became stakeholder (<i>mm/dd/yyyy</i>):
		Percentage of total share:

Directors:

Name of director:	Address:	Phone number:
Date of birth (<i>mm/dd/yyyy</i>):	*Country of birth:	Date became director (<i>mm/dd/yyyy</i>):

Name of director:	Address:	Phone number:
Date of birth (mm/dd/yyyy):	*Country of birth:	Date became director (mm/dd/yyyy):

Name of director:	Address:	Phone number:
Date of birth (mm/dd/yyyy):	*Country of birth:	Date became director (mm/dd/yyyy):

Officers:

Name of officer	Address:		Phone number:
Date of birth (mm/dd/yyyy):	*Country of birth:	Title:	Date became officer (mm/dd/yyyy):

Name of officer	Address:		Phone number:
Date of birth (mm/dd/yyyy):	*Country of birth:	Title:	Date became officer (mm/dd/yyyy):

Name of officer	Address:		Phone number:
Date of birth (mm/dd/yyyy):	*Country of birth:	Title:	Date became officer (mm/dd/yyyy):

Has the applicant, or any partner, shareholder or director thereof, or any controlled or related partnership, proprietorship or corporation, ever applied for and been refused a licence by the Niagara Regional Police Service or Niagara Region, or after received such licence, had same suspended or revoked? If so, list details.

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Has the applicant, or any partner, shareholder or director thereof, or any controlled or related partnership, proprietorship or corporation ever been convicted of contravening any provision of Niagara Region's Licencing By-law? If so, list details:

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Has the applicant, in the case of proprietorship, or partner in the case of a partnership, or a director, shareholder or an officer in the case of a corporation, ever been convicted of an offence under the Criminal Code of Canada (for which you/they have not been granted a pardon), the Controlled Drugs and Substance Act? If so, list details:

Does the applicant, or any partner, shareholder or director thereof, have any interest in any other business trade, calling or occupation which is required to be licenced pursuant to any Niagara Region's Licencing By-law? If so, list details:

**Please note: If born outside Canada, proof of citizenship, landed immigrant status and/or valid work permit is required.*

Declaration:

I understand that making a false statement in this application could result in a refusal to issue a licence, or in suspension or revocation of a licence at a later date.

I hereby authorize release to the Niagara Region any and all particulars of my criminal record and my driving record.

In consideration of the release of the information by the Niagara Region. I hereby release and forever discharge Niagara Region and all of its members for damages or for loss or injury arising out of the release of information relating to my criminal record and my driving record which may hereafter be sustained by me.

I am the applicant/a partner of the applicant/a director of the application corporation/ as such I have knowledge of the information listed above and I am authorized to complete this application.

I certify that the above information is true to the best of my knowledge, information and belief.

Signature: _____

Date: _____

For office use only

Completed by (file no.):

CNI D/L