

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

Business name:

Business address:

Contact name:

Contact phone number:

Name of person: (selling/disposing of goods)		Two pieces of identification: (type shown and number)	
Address:			
Serial number(s):	Date (mm/dd/yyyy):	Amount Paid:	
Description: (make, model, detailed identifying description)			

Name of person: (selling/disposing of goods)		Two pieces of identification: (type shown and number)	
Address:			
Serial number(s):	Date (mm/dd/yyyy):	Amount Paid:	
Description: (make, model, detailed identifying description)			

Name of person: (selling/disposing of goods)		Two pieces of identification: (type shown and number)	
Address:			
Serial number(s):	Date (mm/dd/yyyy):	Amount Paid:	
Description: (make, model, detailed identifying description)			

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