

Fee: \$40.00	Cashier Initials:	Receipt Number:
Business Name:		
Full Business Address:		
Phone:	Email:	
<p>“Business Premises” shall mean any land including any and all buildings or other structures thereon or any part thereof for which an Application is or has been made for a Business Licence and which is used or intended to be used in the operation of a Business and includes any Vehicle or conveyance that is used or intended to be used in the operation of the Business.</p>		
<p>Has there been a change in the type of good/services offered by your Business since your initial application for a Business Licence?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please describe):</p>		
<p>Has there been a change to the existing use of the Premises or building the past year?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please describe):</p>		
<p>Did you complete any renovations to your Business Premises in the past year?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please describe):</p>		
<p>Do you plan on completing any renovations to your Business Premises in the next year?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please describe):</p>		

Have you installed or made changes to the signage for your Business in the past year?

No

Yes (please describe):

Has there been a change to the ownership of the Business (Sole Proprietorship, Partnership or Corporation) or to the name(s) of the Sole Proprietor, Partners or Corporate Officers in the past year?

No

Yes (please describe):

Documents Required upon Application for Renewal

Health Unit Inspection Report dated within one year of the Application

A list of Employees employed by the Licensee

A Vulnerable Sector Check for each Employee dated within 30 days of the Application

Applicant Information

Name:	Email:
Cell Phone:	Home Phone:

Applicant Address (if not same as Business):

Applicant Declaration

I, _____, hereby acknowledge and certify:

- I have read and understand Comprehensive Business Licensing By-law 05-19 and agree to comply to the provisions
- By signing this declaration, I am agreeing that no changes have been made to the Business since the initial application including but not limited to:
 - Name changes
 - Ownership changes
 - Changes to the goods/services offered
 - Structural changes or changes to the Business Premises
- I am the Applicant or in the case of a Corporation or Partnership, I am the person who has the authority to bind the Corporation.

Signature:	Date:
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Previous Licence Number: **BL-**

Personal information on this form is collected under the authority of the Municipal Act, 2001, and the Corporation of the Municipality of Leamington Business Licensing By-law 05-19 will be used to licence, regulate and govern business and ensure compliance with all laws and regulations. Questions about the collection of this information should be made to the Clerk/Manager of Legislative Services, Municipality of Leamington, 111 Erie Street North, Leamington, Ontario. Phone: 519-326-5761.