

Received: \_\_\_\_\_

Roll Number: 5627-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_



**CITY OF TIMMINS**  
**Business License Application**  
**By-Law 2016-7798**  
220 Algonquin Boulevard East, Timmins, ON



Application Type:     New Business     Change of Ownership     Change of Location

License Category: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Bus. Tel. No.: \_\_\_\_\_

Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Operating Business Name: \_\_\_\_\_

Operating Business Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Description: \_\_\_\_\_

**Required Approvals**

Department	Name	Signature	Date
<input type="checkbox"/> Planning Division (Zoning)			
<input type="checkbox"/> Building Division			
<input type="checkbox"/> Fire Department			
<input type="checkbox"/> Porcupine Health Unit			
<input type="checkbox"/>			
<input type="checkbox"/>			

Comments: \_\_\_\_\_

**Required Documentation**

- Proof of Liability Insurance Coverage
- Proof of WSIB (if applicable)
- Qualification Documentation (Trade Certificate)
- Business Name Registration

**Partner Information (if applicable)**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Bus.Tel. No.: \_\_\_\_\_

Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Driver's License: \_\_\_\_\_

**Property Owner Information (if applicable)**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I/We, the owners of the property subject of this application, hereby authorize the applicant to make this application to the Corporation of the City of Timmins. I have no objection to the business as described in this application by the applicant.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

**Business Information**

1. Have previously operated a business in the City of Timmins?  Yes  No  
If yes, please indicate under what name?  
\_\_\_\_\_

2. Within the past year, have you operated a business outside of the City of Timmins?  Yes  No  
If yes, please provide the business name and location:  
\_\_\_\_\_

3. Have previously been convicted for contravention to a business license by-law?  Yes  No  
If yes, please indicate which municipality and when the conviction occurred:

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4. Please describe the goods and/or services to be sold:

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**Home Based Business Information (if applicable)**

1. Do you operate a business from your home?  Yes  No
2. Is the public invited to your home for business purposes?  Yes  No
3. Do you live in the same dwelling in which the home based business will operate?  Yes  No
4. Are there any other home based businesses operating from the premises?  Yes  No
5. What is the maximum number of employees on-site, including the owner/occupant? \_\_\_\_\_

6. What is the location of the proposed home based business?

Basement  First Floor  Second Floor  Accessory Building

*A home based business is not permitted in an accessory building in an urban area.*

7. What is the total floor area of the dwelling or accessory building from which the home based business will operate? \_\_\_\_\_ square feet.
8. What is the total floor area to be occupied by the home based business? \_\_\_\_\_ square feet.
9. Will there be any renovations made to accommodate the home based business?  Yes  No
10. If there are renovations occurring, has a building permit been obtained?  Yes  No
11. Please read and initial the following statements acknowledging their acceptance:

\_\_\_\_\_ I acknowledge that I have reviewed the attached Home Based Business By-Law excerpt from City of Timmins Zoning By-Law 2011-7100.

\_\_\_\_\_ I acknowledge that the address indicated on this form is my principal residence and I have provided an acceptable proof of address to that effect. Acceptable proof of address shall include: current bill or invoice (including utility bills, property bills); lease or rent receipt; property tax assessment; insurance

policy; or employer record. I authorize staff to copy the acceptable proof of address and attach to the file.

\_\_\_\_\_The hours of operation for receiving clients and/or shipping or receiving are 7 a.m. to 9 p.m.

\_\_\_\_\_The home based business shall not emit any noise, electrical interference, vibration, smoke, dust or particulate matter, odorous material, heat, humidity, glare, refuse or other objectionable emission.

\_\_\_\_\_If located in an urban area, only one sign shall be permitted and shall be fascia wall mounted, non-illuminated and shall not exceed 4.3 square feet in area.

**Applicant Declaration**

**I, the undersigned applicant, hereby certify that:**

1. I acknowledge that the statements contained in this home based business information form are true and 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*.
2. I am familiar with the terms and provisions of the By-Laws of the Corporation of the City of Timmins relating to the carrying on of the type of business in respect to which this application is being made.
3. I shall comply with the terms and conditions of such By-Laws.
4. I shall comply with the provisions of the Ontario Fire Code.
5. I understand that I am not permitted to carry on the trade of business in the City of Timmins with respect to which this application for License is being made unless and until this application has been approved by the Council of the Corporation of the City of Timmins and/or the Licensing Officer and the necessary license issued.
6. I shall provide, as requested, any additional information required by the City of Timmins.
7. I understand that if any of the information included in this application is deemed to be incorrect or falsified after the issuance of the license, the license shall be immediately revoked.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensing Approval

\_\_\_\_\_  
Date