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Plan to
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APPLICATION FOR A BUSINESS LICENSE

NAME OF INDIVIDUAL	NAME OF CORPORATION
ADDRESS FOR SERVICE	
TELEPHONE NUMBER	
TYPE OF BUSINESS	
<input type="checkbox"/> Food Vehicle <input type="checkbox"/> Food Stand <input type="checkbox"/> Temporary Vendor	<input type="checkbox"/> Donation Box
PRODUCT/GOODS BEING SOLD	ITEMS COLLECTED & DISTRIBUTED DETAILS
LOCATION	

DOCUMENTATION

- | | |
|--|--|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Government Issued Identification |
| <input type="checkbox"/> Drivers Licence | <input type="checkbox"/> Licensing fee |
| <input type="checkbox"/> Health Unit approval | <input type="checkbox"/> Inspection report Fire Chief |
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> Gas/Propane inspection report |
| <input type="checkbox"/> Driver record search | <input type="checkbox"/> Commercial Vehicle Operator Registration |
| <input type="checkbox"/> Sketch/site plan | <input type="checkbox"/> Canada Revenue Agency Registered Charity No. |
| <input type="checkbox"/> Proof of zoning | <input type="checkbox"/> Statement as to how a charity benefits (donation box) |
| <input type="checkbox"/> Owners permission to conduct business on the property | |

Signature of applicant

Date