

Date Received:	License Number:
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A. Type of License

Owner Owner/Operator

B. Application Requirements:

The following original documents must be included with this application:

Owner or Owner/Operator

- Photo ID (**Office Note: Photocopy for file**)
- A Police Criminal Records Check that is not more than 60 days old (**Do not accept a photocopy or make a photocopy of this document**)
- Proof of being a registered owner, or a lease agreement or proof of a legal relationship with the registered owner (**Office Note: Photocopy for file**)
- Copy of floor plan of premises.
- Fee

If a corporation: (in addition to the above requirements)

- Articles of incorporation
 - Statutory Declaration
- Section 7.30 of the by-law states that every corporation applying for a licence shall file a statutory declaration, in writing signed by an officer of the corporation, which declaration shall state
- The full name of every shareholder and the address of his/her ordinary residence
 - The name or names under which it carries on or intends to carry on in business
 - That the persons therein named are the only shareholders of the corporation; and
 - The mailing address for the corporation

If a partnership; (in addition to the above)

- Statutory Declaration
- Section 7.28 states that persons associated in a partnership applying for a license under this By-law shall file with their application a statutory declaration, in writing, signed by all members of the partnership, which declaration shall state:
- The full name of every partner and the address of his/her ordinary residence
 - The name or names under which they carry on business
 - That the persons therein named are the only members of the partnership and
 - The mailing address for the partnership

Operator

- Application form—completed and signed
- Photo ID (photocopy for file)
- A Volunteer Police Screening, not more than 30 days old. Do not accept photocopies of a Volunteer Police Screening. Do not make photocopies of a Volunteer Police Screening.
- Fee

C. Owner Information

Last name:	First name:	Company:
Street address:		Unit number: Lot/con:
Municipality:	Postal code:	Province: E-mail:
Telephone number: ()	Fax ()	Cell number ()

D. Operator Information

Last Name:	First Name:	Company:
Street Address:		Unit Number Lot/Con:
Municipality:	Postal Code	Province: E-mail:
Telephone number: ()	Fax: ()	Cell Number ()

E. Declaration:

I _____ certify that:

 (print name)

By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any license that may be issued.

Date _____ Signature of Applicant

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of *the Municipal Act* and will be used by the Town of Newmarket to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

OFFICE USE ONLY

Date:	Approved by:
Owner's License: \$	Account number: 13121.7783.01
Owner/ Operator License: \$	Account Number: 13121.7783.02
Operator License : \$	Account Number: 13121.7783.03
Attendant License: \$	Account Number: 13121.7783.04

Legislative Services
TOWN OF NEWMARKET
395 Mulock Drive
P.O. Box 328
Newmarket, ON L3Y 4X7

www.newmarket.ca
info@newmarket.ca
905-953-5300 ext. 2220