



BUSINESS LICENCE APPLICATION

(New Business, Transfer of Ownership, Location Change)

BUSINESS DETAILS:			
BUSINESS NAME:			
BUSINESS ADDRESS: (street, city, postal code):			
BUSINESS PHONE # (if applicable):		BUSINESS EMAIL ADDRESS (if applicable):	
TYPE OF BUSINESS:		HOURS OF OPERATION (including seasonal):	
BUSINESS OWNERSHIP:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or Charitable Organization		
LANDLORD OR PROPERTY OWNER:		PROPERTY OWNER PHONE #:	
PREVIOUS USE OF LOCATION:		PROPOSED OCCUPANT LOAD (if known):	
OUTDOOR PATIO SPACE?	<input type="checkbox"/> YES Size: _____ <input type="checkbox"/> NO	LIQUOR LICENCE BEING PROPOSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO *MUST BE OBTAINED THROUGH AGCO
DESCRIPTION OF THE GOODS, WARES, MERCHANDISE, OR SERVICES:			
DATE OF APPLICATION (dd/mm/yy):		TYPE OF APPLICATION:	<input type="checkbox"/> New Business <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Location Change
WILL YOU BE HAVING A GRAND OPENING?:	<input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO	IF YES, WOULD YOU LIKE THE MAYOR TO ATTEND?	<input type="checkbox"/> YES Time: _____ <input type="checkbox"/> NO
WOULD YOU LIKE TO BE PLACED ON THE BUSINESS DIRECTORY:	<input type="checkbox"/> YES (please complete Business Engagement Form) <input type="checkbox"/> NO	WOULD YOU LIKE TO RECEIVE EMAILS RE: TOWN EVENTS AND PROMOTION OPPOURTUNITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT DETAILS:			
NAME (First):		NAME (Last):	
APPLICANT ADDRESS (street, city, postal code):			
ROLE:		PHONE #:	
EMAIL ADDRESS:			

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. ALL INFORMATION IS REQUIRED.
INCOMPLETE FORMS WILL BE REJECTED AND LICENCE WILL NOT BE ISSUED.**



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BUSINESS LICENCE FEES:

- New Business - \$250 + inspection costs (one-time fee)
- Taxi Licence - \$200/taxi (yearly)
- Auctioneers \$300 (yearly)
- Mobile Canteen - \$250 (yearly)
- Transient Trader - \$1,000 (one-time fee)
- Transfer of Ownership - \$200 (one-time fee)
- Transfer of Location – No Fee (inspection costs of new location required)

**these fees are subject to change upon direction of Council*

BUSINESS LICENCE PROCESS:

1. Submit your completed Business Licence Application to the Town of Petrolia Clerk's Department (either in person or via email at jsmith@petrolia.ca) and pay the applicable Business Licence fee.
2. Once your application is reviewed and deemed complete, it will be forwarded to the County of Lambton Planning Department for review.
3. After Zoning is reviewed and the business use is deemed eligible, your application will be forwarded to the County of Lambton Building Department and the Petrolia & North Enniskillen Fire Department for review. A representative from these departments will be in contact with you to schedule a joint building/fire/planning site visit and inspection. *Please do not contact Fire and Building directly to schedule inspections.*
4. If your business requires a Health Inspection*, please contact Lambton Public Health at (519) 383-8331 to schedule your inspection. Once the inspection is complete, please email a copy to jsmith@petrolia.ca
5. Once all inspections have been completed and departmental approvals have been received by the Clerks Department, you will be contacted to pick up your Licence from the Municipal Office. **Your business cannot be operational until the Business Licence has been obtained.**

*Businesses requiring a Health Inspection: food premises, personal service settings (hair and nail salons, body waxing, electrolysis, acupuncture, tattoo salon, tanning salon), recreational water facilities, day care, long term care, group homes, funeral homes, recreational camps, tobacco and vape product vendors. This list is subject to change.

If you intend to have a sign for your business, please contact the Clerks Department for a Sign Permit Application.

APPLICANT SIGNATURE:		DATE (mm/dd/yy):	
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OFFICE USE ONLY:

LICENCE # ISSUED:		DATE ISSUED:	
EXPIRY DATE:		FEE PAID:	
ROLL NUMBER:		ISSUER:	
FIRE INSPECTION (dd/mm/yy):		BUILDING INSPECTION (dd/mm/yy):	
HEALTH INSPECTION (dd/mm/yy):		PLANNING APPROVAL (dd/mm/yy):	

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