SMITHS FALLS RISE AT THE FALLS

BUSINESS LICENCE INFORMATION

Town of Smiths Falls 77 Beckwith St N Smiths Falls, ON, K7A 4T6 (613) 283-4124 fax (613) 283-4764

<u>To all Applicants:</u> The Town of Smiths Falls supports business and would like to assist the owners to achieve success. We have a very diverse staff who would be more than happy to assist you prior to you starting your new endeavor!!

- A business licence is mandatory prior to operating a business in the Town of Smiths Falls. To apply for the business licence you are required to obtain and complete the application form from the Corporation of the Town of Smiths Falls
- The Business Application Form and Business Licencing By-Law can be picked up from the main office at the Town Hall or download the application form and information from the website www.smithsfalls.ca/civic-services/records-licenses/
- The general business license application form is offered at NO CHARGE however, there are fees charged for refreshment vehicles, salesperson hawker/peddler and auctioneer licences.
- The Annual Fee to licence a Chip Wagon is \$600 per vehicle per location, and a \$50 fee per request for Structure Modification/Addition and the location must be approved by Council.

APPLICATION FORM REQUIREMENTS:

- 1. Obtain the application form and complete all information regarding your business
- 2. A sketch of the proposed business layout is required and a site plan of the property may also be required.
- Any change of use for the location or any renovations will require a building permit prior to a licence being approved and an application for a building permit should be submitted to the Town of Smiths Falls Chief Building Official
- 4. Should you be planning to put up a sign a separate permit application for that will also be required.
- 5. If you will be serving food, arrange for the Health Unit to inspect your business and submit a copy of the Health Unit Report.
- 6. Bring completed form to Licencing Officer at the Town Hall
- 7. The Licencing Officer will arrange the Fire & Building Inspections and you will be advised at time of inspection of any issues via an inspection report from each inspector
- 8. The business licence is only valid for the specified business, address and business owner stated on application form & a new application must be submitted if there are any changes.



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Application for a Business Licence

I, the named applicant certify to the truth of all statements made herein. I understand that the issuance of a licence shall not be deemed a waiver of the provisions of any by-laws or other regulations, notwithstanding anything included in or emitted from the material filed in support of this application. I acknowledge that in the event that a licence is issued, any departure from the specifications proposed in the application is prohibited and such could result in the licence being revoked. I further acknowledge that in the event that the licence is revoked for any cause of irregularity or non-conformity with the by-laws or regulations there shall be no right of claim whatsoever against the Corporation or any official thereof and any such claim is hereby expressly waived. I hereby agree to hold and save harmless the Corporation of the Town of Smiths Falls, its officers, employees and officials from all claims or cause of action against the Corporation because of injury or damage to persons or property arising from the operation of the business for which the licence is issued.

I acknowledge that it is my responsibility as the business owner to arrange for the removal of the business waste; however I do understand that recycling is available in accordance to the by-laws.

Please Print Your Name Signature Date

Upon receipt of a complete application, please allow 2 weeks for processing and inspections.

Personal Information contained on this form is collected under the authority of the Municipal Act and Assessment Act and

Personal Information contained on this form is collected under the authority of the Municipal Act and Assessment Act and will be used to determine eligibility for the applicable licence. Questions about this collection should be directed to the licencing Officer; P.O. Box 695, 77 Beckwith Street, North, Smiths Falls, Ontario, K7A 4T6, Phone (613) 283-4124

Type of Licence Required:					
 □ General □ Home Occupation □ Temporary Sales – Please provide start and finish dates in the description of business space below. □ Auctioneer □ Second Hand Goods/Pawn Shop □ Salesperson Hawker/Peddler - Please provide Intended dates of sale, specific location daily licence-maximum 4 days or annual licence in the description of business space below. □ Retail Goods, Services and Amusement Licence □ Refreshment Vehicle:(Please indicate type below) A plot plan is required for this licence as well as the completion of the attached Natural Gas/Propane Refreshment Vehicle Equipment Inspection Checklist and must be attached upon submission of application. 					
1. Chip Wagon □ 2. Mobile Canteen □ 3. Refreshment Cart □ 4. Festival/Charitable Event/Trade Show □					
Detailed description of Business/Products or Services Sold: Please provide below, a detailed description of your business.					



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Business Information					
Name of Business		Total Square Footage	Number of Employees		
Street address		Unit number (If applicable)	Total Occupant Load		
Municipality: Town of Smiths Falls	Postal code		E-mail		
Telephone number ()	Fax ()		Cell number		
Owner of Business Information					
ast name First n		ame			
Street address			Unit number (If applicable)	Town/City	
Municipality	Postal code	Provi nce	E-mail		
Telephone number ()	Fax ()		Cell number ()		
Property Owner (if different from owner of business) – Signature Required					
Last name First name					
Street address			Unit number (If applicable)	Town/City	
Municipality	Postal code	Provi nce	E-mail		
Telephone number ()	Fax ()		Cell number ()		
(The following compliance approval shall be completed by the Property Owner if different than the Owner of the Business)					
I,, owner of the property described ashereby approve the operation of the Business described in this application form.					
(Date) (Signature)					
Property Manager/Key Holder					
Name:	Phone Number				
Additional Information					