



## MUNICIPAL LICENCE APPLICATION

This package contains a complete set of forms necessary to obtain various establishment licences in the City of Vaughan. Please ensure that you read and complete all pages of this application. You will also need to provide your Articles of Incorporation, or Partnership, or Sole Proprietor registration along with your Master Business Licence. Incomplete applications will be returned to the applicant.

Note: Application fees are not pro-rated. Withdrawn or unapproved applications are subject to a 50% processing fee. This Licence Application is not a Municipal Licence. Approval from various municipal and government authorities must be received prior to the issuance of a Licence. Licences expire March 31st

### DO NOT MAIL OR EMAIL THIS APPLICATION

Our offices are located at: 2141 Major Mackenzie Drive,  
Clerk's Department -Licencing Division

Our business hours are: Monday to Friday 8:30am to 4:30pm

For General inquiries please contact our offices at (905) 832-8585 or visit our website at

<http://www.city.vaughan.on.ca>

### PLEASE SELECT ALL CATEGORIES APPLICABLE

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Entertainment Parlour  | <input type="checkbox"/> Place of Amusement                           |
| <input type="checkbox"/> Auction Hall   | <input type="checkbox"/> Bowling Alley (Class "C")                    |
| <input type="checkbox"/> Banquet Hall   | <input type="checkbox"/> Theatre (Class "B")                          |
| <input type="checkbox"/> Billiard Hall (No. of tables_____)                                 | <input type="checkbox"/> Arcade (Class "A")<br>(No. of Machines_____) |
| <input type="checkbox"/> Body Rub Parlour   |   |
| <input type="checkbox"/> Driving School (Professional Office)                               | <input type="checkbox"/> Public Garage                                |
| <input type="checkbox"/> Dry Cleaner – Laundromat   | <input type="checkbox"/> Car Wash (Coin/Mechanical)                   |
| <input type="checkbox"/> Dry Cleaning Establishment   | <input type="checkbox"/> Car Detailing (Hand Cleaning)                |
| <input type="checkbox"/> Laundromat   | <input type="checkbox"/> Mechanical Repairs                           |
| <input type="checkbox"/> Dry Cleaning Depot   | <input type="checkbox"/> Auto Body Repairs Shop                       |
|   | <input type="checkbox"/> Automobile Service Station                   |
| <input type="checkbox"/> Eating Establishment   | <input type="checkbox"/> Automobile Gas Bar                           |
| <input type="checkbox"/> Fireworks  | <input type="checkbox"/> Car Brokerage (Sales / Leasing /Rental)      |
| <input type="checkbox"/> Foodstuff (Packaged Goods–Retail Sales)                            | <input type="checkbox"/> Automotive retail store                      |
| <input type="checkbox"/> Kennel/Boarding Facility   | <input type="checkbox"/> Motor vehicle sales Establishment            |
| <input type="checkbox"/> Mobile Sign Lessor (Professional Office)                           | <input type="checkbox"/> Taxi Brokerage(Professional Office)          |
| <input type="checkbox"/> Other _____ \$ _____   | <input type="checkbox"/> Tobacco                                      |
| <input type="checkbox"/> Personal Services Shops<br>(Certificate of Qualification required) | <input type="checkbox"/> Tow Truck Brokerage (Professional Office)    |
|   | <input type="checkbox"/> Video Store                                  |
|   | <input type="checkbox"/> General                                      |
|   | <input type="checkbox"/> Adult  |



## MUNICIPAL LICENCE APPLICATION

### YORK REGION PUBLIC HEALTH

As of January 1998, Public Health Departments have been mandated under the Ministry of Health and Long-Term Care to inspect all Personal Service Settings to ensure compliance with the *Personal Service Settings Protocol, January 1998* for good infection control practices.

This protocol applies to any facility or person offering services where there is a risk of exposure to blood or body fluids such as, but not limited to: hairdressing, barber shops, tattooing, body piercing, ear piercing, aesthetic services, electrolysis, acupuncture and micro-pigmentation.

York Region Health Services Department is responsible for ensuring all Personal Service Settings within York Region are in compliance with this protocol. Upon new licencing, re-licencing or change of business ownership, please indicate below all personal services offered by your facility along with your updated business information.

**Check off all the services that will be offered in your premise (this includes services that will be provided by persons who sublet in your premise):**

- |  |  |   |                                       |                                    |
|--|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Any skin penetrating service (e.g. mole removal, spider vein removal, skin tag removal, etc.) | <input type="checkbox"/> Facials                       |   |                                       |                                    |
| <input type="checkbox"/> Food Service (includes food prepared on site, catered food, hot and cold beverages)           | <input type="checkbox"/> Waxing                        |   |                                       |                                    |
| <input type="checkbox"/> Body Treatments (e.g. mud wraps)  | <input type="checkbox"/> Tattooing, Micro-Pigmentation | <input type="checkbox"/> Tanning                      |                                       |                                    |
| <input type="checkbox"/> Hydrotherapy/Whirlpool Tub  | <input type="checkbox"/> Acupuncture                   | <input type="checkbox"/> Body Piercing                | <input type="checkbox"/> Ear Piercing |                                    |
| <input type="checkbox"/> Electrolysis  | <input type="checkbox"/> Pedicures                     | <input type="checkbox"/> Hair Services                | <input type="checkbox"/> Make-up      | <input type="checkbox"/> Manicures |
| <input type="checkbox"/> Laser Hair Removal  | <input type="checkbox"/> Acne Treatments               | <input type="checkbox"/> Other (Please specify) _____ |                                       |                                    |

**For information contact York Region Health Services *Health Connection* at: 1-800-361-5653**

**Business Registration submitted:**  Corporation  Partnership  Sole Proprietorship

**Note :** A Master Business Licence is also required if any of the above business registrations does not indicate the business location within the City of Vaughan jurisdiction. Assistance is available for business registration at the Vaughan Business Enterprise Centre – Located at 9995 Keele Street. Telephone:905 832-8526 Email:vbec@vaughan.ca Website:www.vaughan.ca/VBEC

Address of Business: \_\_\_\_\_ Unit \_\_\_\_\_

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

Registered Business Name \_\_\_\_\_

Operating Name \_\_\_\_\_

Bus. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Mobile Tel # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (If Different than above) \_\_\_\_\_

Unit \_\_\_\_\_ Postal Code \_\_\_\_\_ City: \_\_\_\_\_ Prov/State \_\_\_\_\_

Anticipated Date of Occupancy \_\_\_\_\_



# MUNICIPAL LICENCE APPLICATION

## LAND AND BUILDING USE DECLARATION

Description of Main Use or Activity: \_\_\_\_\_

List of other uses or activities: \_\_\_\_\_

Has there been any construction, alterations or renovations at the subject premises since the previous Licence issuance? Yes  No

### 1) Please answer all of the following questions:

- a) Will food be sold to the public for immediate consumption on the property? (eating establishment) Yes  No
- b) Is there an outdoor patio associated with an eating establishment? Yes  No
- c) Will food be sold for take-out? (eating establishment) Yes  No
- d) Are any of the following activities being proposed at the subject location? Yes  No 
  - wood working
  - spray painting
  - welding
  - commercial cooking
  - use of compressed flammable gases
- e) Total number of staff: Male \_\_\_\_\_ Female \_\_\_\_\_
- f) Will the use include the repair or servicing of equipment/appliances? Yes  No
- g) Will the use include the repair or servicing of motor vehicles? Yes  No
- h) Will there be any outdoor storage of vehicles, goods or materials? Yes  No
- i) Will there be any outdoor display of vehicles, goods or materials? Yes  No
- j) Will the use include retail sales? Yes  No 

Percentage (%) of Floor Area devoted to retail sales \_\_\_\_\_%

If you answered yes to the above, will all of the commodities you retail be products of the main use or activity? Yes  No
- k) Will the use include wholesale sales? Yes  No

**For information regarding Land Use – please contact Building Standards Department at 905 832-8510**

### 2) Identification of Hazardous/Dangerous Materials

Please identify by Trade Name and substance, all hazardous/dangerous materials that are used/stored on the premises. If additional space is required please attach a separate list to this form.

check here if no hazardous/dangerous materials are used/stored on the premises.

Trade Name

Substance

_____	_____
_____	_____
_____	_____

