



# The Corporation of the Township of Black River-Matheson Business License Application Form

## 1.0 Purpose

The purpose of this form is to collect information required by the Township of Black River-Matheson to review and administer applications for business licensing and to ensure compliance with applicable municipal by-laws and regulations.

## 2.0 Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
City: \_\_\_\_\_ Operating Business Name: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Operating Business Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Mailing Address (If Different): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Business Description: \_\_\_\_\_

## 3.0 Required Approvals/Documentation

Department	Name	Signature	Date
<input type="checkbox"/> Planning Division (Zoning)			
<input type="checkbox"/> Building Division			
<input type="checkbox"/> Fire Department			
<input type="checkbox"/> Northeastern Public Health			
<input type="checkbox"/>			

## 4.0 Required Documentation

- Proof of Liability Insurance Coverage
- Proof of WSIB (if applicable)
- Qualification Documentation (Trade Certificate)
- Business Name Registration

## 5.0 Partner Information (if applicable)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**6.0 Property Owner Information (if applicable)**

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

I/We, the owners of the property subject of this application, hereby authorize the applicant to make this application to the Corporation of the Township of Black River-Matheson. I have no objection to the business as described in this application by the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7.0 Business Information**

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a) Have you previously operated a business in the Township of Black River-Matheson? If yes, please indicate under what name?

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b) Within the past year, have you operated a business outside of the Township of Black River-Matheson? If yes, please provide the business name and location:

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c) Have you previously been convicted of contravention to a Business License By-Law? If yes, please indicate which municipality and when the conviction occurred:

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d) Please describe the goods and /or services to be sold:

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**8.0 Home Based Business Information (if applicable)**

a) Do you operate a business from your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is the public invited to your home for business purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do you live in the same dwelling in which the home based business will operate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are there any other home based businesses operating from the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) What is the maximum number of employees on-site, including the owner/occupant?		
f) What is the location of the proposed home based business?	<input type="checkbox"/> Basement	<input type="checkbox"/> First Floor
	<input type="checkbox"/> Second Floor	<input type="checkbox"/> Accessory Building
g) What is the floor area of the dwelling or accessory building from which the home based business will operate?		Square Feet
h) What is the total floor area to be occupied by the home based business?		Square Feet
i) Will there be any renovations made to accommodate the home based business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j) If there are renovations occurring, has a building permit been obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

k) Please read and initial the following statements acknowledging their acceptance:

\_\_\_\_\_ I acknowledge that I have reviewed the applicable Business Licensing and Zoning By-laws of the Township of Black River-Matheson.

\_\_\_\_\_ I acknowledge that the address indicated on this form is my principal residence and that I have provided acceptable proof of address to that effect. Example of acceptable proof of address includes a current bill, invoice, rent receipt, property tax, etc. I authorize municipal staff to copy the acceptable proof of address provided and to retain it on file.

\_\_\_\_\_ The hours of operation for receiving clients and/or shipping or receiving are 7am to 9 pm.

\_\_\_\_\_ A home-based business shall not emit noise, electrical interference, vibration, smoke, dust, odours, glare, or any other objectionable emission.

\_\_\_\_\_ Where a business is located within an urban area, only one sign is permitted. The sign shall be fascia-mounted, non-illuminated, and shall not exceed 4.3 square feet in area.

## 9.0 Applicant Declaration

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I, the undersigned applicant, hereby certify that:

- a) The information provided in this Home-Based Business Information Form is true and complete. I make this declaration conscientiously, believing it to be true and knowing that it has the same force and effect as if made under oath under the *Canada Evidence Act*.
- b) I am familiar with, and understand, the applicable by-laws of the Corporation of the Township of Black River-Matheson relating to the type of business for which this application is made.
- c) I agree to comply with all applicable municipal by-laws, including any terms and conditions governing the operation of the business.
- d) I agree to comply with the requirements of the Ontario Fire Code.
- e) I understand that I am not permitted to carry on the business in respect of which this application is made unless and until the application is approved by Council and/or the Licensing Officer and the required licence has been issued.
- f) I agree to provide any additional information or documentation requested by the Township of Black River-Matheson for the purposes of reviewing or administering this application.
- g) I understand that if any information contained in this application is found to be false, misleading, or incomplete after a licence has been issued, the licence may be revoked immediately.

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**Applicant Signature**

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**Date**

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**Licensing Approval**

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**Date**

## 10.0 Freedom of Information Statement

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Personal information collected on this form is collected under the authority of the *Municipal Act, 2001* and will be used for the purposes of administering and enforcing applicable municipal by-laws and processing this application. The information may also be used for related administrative purposes.

Questions regarding the collection, use, or disclosure of this information may be directed to the Clerk, Township of Black River-Matheson, at 705-273-2313 or [brm@twpbrm.ca](mailto:brm@twpbrm.ca).