

**BUSINESS LICENCE APPLICATION**

**PERSONAL SERVICES**

Purpose:  New Business  Change of Name/Personal info  
 Change of Location  Change of Ownership

Licence being applied for:  Acupuncture  Barber/Hairdresser  Electrolysis  
 Aesthetics  Tattoo/Body Piercing  Ear Piercing  
 Nail Salon

Operating / Opening Start Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**PART 1 Business** - This information will appear on your Business Licence

Operating "AS" Name: \_\_\_\_\_

Operating Address: \_\_\_\_\_  
# and Street Apt/Unit # City/Province Postal Code

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Mail

**PART 2 Applicant** - This information will appear on your Business Licence

Business Name/Numbered Company: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
First Name Last Name

Business Address: \_\_\_\_\_  
# and Street Apt/Unit # City/Province Postal Code

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

*(Note: Email will not appear on your licence)*

Mail

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**PART 3**

**Owner** - This information will NOT appear on your Business Licence

Owner's Name: \_\_\_\_\_  
First Name Last Name

Owner's Home Address: \_\_\_\_\_  
# and Street Apt/Unit # City/Province Postal Code

Home Phone #: \_\_\_\_\_

Mail

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**WARNING:** You require a Municipal Business Licence to operate a business. Persons who operate a business without the required licence are liable to prosecution. Penalty of conviction may be to a maximum of \$25,000 exclusive of costs; and for a Corporation, to a maximum of \$50,000 exclusive of costs.

Personal information required by this form is collected under the authority of the Municipal Act and the City of Burlington Business Licensing **By-law 42-2008** and will be used for licensing purposes and for law enforcement purposes to ensure compliance with the bylaw. Questions regarding the collection of this information may be addressed to: Licence Clerk, Planning and Building Department, 426 Brant Street, P.O. Box 5013, Burlington, Ontario, L7R 3Z6. Telephone 905-335-7731.

Providing false or incomplete information could result in the refusal of this application or, if your licence has been issued, in a recommendation to the Licensing Committee that your licence be suspended or revoked.

I, (please print name) \_\_\_\_\_, business owner acknowledge it is my responsibility to notify the City of Burlington in writing immediately of any change in the information provided during the course of the application, the period of a licence and upon any renewal of a licence and to ensure compliance with the City of Burlington Business Licensing **By-law 42-2008**, as amended, should a licence be issued.

Business Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Fee: \_\_\_\_\_

Received Date: \_\_\_\_\_ Payment Information: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Licence #: \_\_\_\_\_

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**Zoning Approval**

Zoning Designation: \_\_\_\_\_

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