

Received: _____ Application Number _____ Roll Number: 5631 _____



Corporation of the Town of Iroquois Falls
Business License Application
By-Law 2249/84 as amended by By-Law 3801-24
253 Main St, P.O. Box 230, Iroquois Falls, ON, P0K1G0

Application Type: ☐ New Business ☐ Change of Ownership ☐ Change of Location ☐ Renewal

License Category: _____

Applicant Information

Name: _____ Tel. No.: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____ Bus. Tel. No.: _____

Date of Birth: Year: _____ Month: _____ Day: _____ Driver's License: _____

Operating Business Name: _____

Operating Business Address: _____ Postal Code: _____

Mailing Address (if different): _____

Business Description: _____

Required Approvals

Department	Name	Signature	Date
☐ Planning Division (Zoning)			
☐ Building Division			
☐ Fire Department			
☐ Porcupine Health Unit			
☐			
☐			

Comments: _____

Required Documentation

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

Partner Information (if applicable)

Name: _____ Tel. No.: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____ Bus.Tel. No.: _____

Date of Birth: Year: _____ Month: _____ Day: _____ Driver's License: _____

Property Owner Information (if applicable)

Name: _____ Tel. No.: _____

Address: _____

City: _____ Postal Code: _____

I/We, the owners of the property subject of this application, hereby authorize the applicant to make this application to the Corporation of the Town of Iroquois Falls. I have no objection to the business as described in this application by the applicant.

Property Owner Signature

Date

Business Information

1. Have previously operated a business in the Town of Iroquois Falls? ☐ Yes ☐ No
If yes, please indicate under what name?

2. Within the past year, have you operated a business outside of the Town of Iroquois Falls? ☐ Yes ☐ No
If yes, please provide the business name and location:

3. Have previously been convicted for contravention to a business license by-law? ☐ Yes ☐ No
If yes, please indicate which municipality and when the conviction occurred:

4. Please describe the goods and/or services to be sold:

Home Based Business Information (if applicable)

1. Do you operate a business from your home? ☐ Yes ☐ No
2. Is the public invited to your home for business purposes? ☐ Yes ☐ No
3. Do you live in the same dwelling in which the home based business will operate? ☐ Yes ☐ No
4. Are there any other home based businesses operating from the premises? ☐ Yes ☐ No

5. What is the maximum number of employees on-site, including the owner/occupant? _____

6. What is the location of the proposed home based business?

☐ Basement ☐ First Floor ☐ Second Floor ☐ Accessory Building

A home based business is not permitted in an accessory building in an urban area.

7. What is the total floor area of the dwelling or accessory building from which the home based business will operate? _____ square feet.
8. What is the total floor area to be occupied by the home based business? _____ square feet.
9. Will there be any renovations made to accommodate the home based business? ☐ Yes ☐ No
10. If there are renovations occurring, has a building permit been obtained? ☐ Yes ☐ No
11. Please read and initial the following statements acknowledging their acceptance:

_____ I acknowledge that I have reviewed the attached Home Based Business By-Law excerpt from Town of Iroquois Falls Zoning By-Law 3710/23.

_____ I acknowledge that the address indicated on this form is my principal residence and I have provided an acceptable proof of address to that effect. Acceptable proof of address shall include: current bill or invoice (including utility bills, property bills); lease or rent receipt; property tax assessment; insurance

policy; or employer record. I authorize staff to copy the acceptable proof of address and attach to the file.

_____The hours of operation for receiving clients and/or shipping or receiving are 7 a.m. to 9 p.m.

_____The home based business shall not emit any noise, electrical interference, vibration, smoke, dust or particulate matter, odorous material, heat, humidity, glare, refuse or other objectionable emission.

_____If located in an urban area, only one sign shall be permitted and shall be fascia wall mounted, non-illuminated and shall not exceed 4.3 square feet in area.

Applicant Declaration

I, the undersigned applicant, hereby certify that:

1. I acknowledge that the statements contained in this homebased business information form are true and make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.
2. I am familiar with the terms and provisions of the By-Laws of the Corporation of the Town of Iroquois Falls relating to the carrying on of the type of business in respect to which this application is being made.
3. I shall comply with the terms and conditions of such By-Laws.
4. I shall comply with the provisions of the Ontario Fire Code.
5. I understand that I am not permitted to carry on the trade of business in the Town of Iroquois Falls with respect to which this application for License is being made unless and until this application has been approved by the Council of the Corporation of the Town of Iroquois Falls and/or the Licensing Officer and the necessary license issued.
6. I shall provide, as requested, any additional information required by the Town of Iroquois Falls.
7. I understand that if any of the information included in this application is deemed to be incorrect or falsified after the issuance of the license, the license shall be immediately revoked.

Applicant Signature

Date

Licensing Approval

Date