



Application for:

BUSINESS REGISTRY

SCHEDULE "A"
To Bylaw No. 1816/05

The registration of a business is governed by rules, regulations and conditions as set out in Bylaw No. 1816/05 of the Corporation of the Town of Espanola.

Name of Applicant: _____

Address: _____

Town/City: _____ Postal Code: _____

Telephone No: _____ Fax No: _____

Email: _____ Website: _____

Should any of the above information be kept confidential? Indicate below.

Name of Business: _____

Location: _____ Date of Operation: _____

Is the Owner the same as the applicant: Yes ___ No ___

If different than above please indicate name and address below.

Name of Business Owner: _____

Address of Owner: _____

Type of Business: _____

Type of Service or Product (be specific)

I hereby certify that all information contained on this application is correct in every respect.

Date: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY:

Completed Application Received: _____ New business: _____ Renewal: _____

Change of Ownership: _____ Change of Name: _____

Change of Address: _____

Circulated to Depts./Agencies: _____ Complies to zoning regulations: Yes ___ No ___

Circulated to:

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Leisure Services | <input type="checkbox"/> | Fire Dept. | <input type="checkbox"/> |
| Public Works Dept. | <input type="checkbox"/> | Building Controls | <input type="checkbox"/> |
| Espanola Regional Hydro | <input type="checkbox"/> | Administration/Planning | <input type="checkbox"/> |
| Health Unit | <input type="checkbox"/> | Other | <input type="checkbox"/> |

**NOTICE UNDER
THE MUNICIPAL FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY ACT**

Personal information and confidential third-party information are being collected by the Corporation of the Town of Espanola under the authority of the *Municipal Act, 2001* and will be used, maintained and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.

Information collected on this form and indirectly will be used for the following purposes:

1. To determine the eligibility of the applicant for business registration of licencing.
2. Information submitted by applicants may be shared with officials of the Corporation of the Town of Espanola, OPP and/or the Sudbury and District Health Unit.

The Town Official who can answer questions about the collection and disclosure of information is:

Joseph Burke, Clerk
100 Tudhope Street, Suite #2, Espanola, ON P5E 1S6

Telephone: (705) 869-1540
Fax: (705) 869-0083
Email: town@espanola.ca

ACKNOWLEDGEMENT AND CONSENT

The applicant(s) signed this application on the _____ day of _____, 20_____ and certifies that all information and statements made herein and supporting schedules and documentation are accurate and complete, to the best of my/our knowledge and belief, and true and is a true and complete statement in accordance with law.

I/We have read and understand the above **NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** and consent to the indirect collection of personal information by the Town of Espanola and consent to the use and disclosure of such personal information as described in the above **NOTICE**.

I/We also acknowledge that employees of the Corporation of the Town of Espanola, the Espanola Police Service and/or the Sudbury and District Health Unit or their authorized representatives may enter the subject business during hours of normal operation in order to conduct inspections and monitor facility operations to verify compliance with the Town's bylaws and regulations.

IF A CORPORATION, PRESIDENT AND ONE DULY AUTHORIZED OFFICER MUST SIGN; IF A LLP, ALL MEMBERS MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF A SOLE PROPRIETORSHIP, THE OWNER MUST SIGN. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

By: _____ **Title:** _____

By: _____ **Title:** _____

By: _____ **Title:** _____

By: _____ **Title:** _____