

# Business Licence Application

(New or Renewal)

Community Services  
Enforcement Division  
Licensing, Permits & Regulatory Services  
3235 Mavis Road  
Mississauga ON L5C 1T7  
Tel: 905-615-4311 Fax: 905-615-3374



Personal information on this form is collected under the authority of the *Municipal Act* Section 11, and the City of Mississauga Business Licensing By-law and will be used to license, regulate and govern businesses and ensure compliance with all laws and regulations. Questions about the collection of this information should be directed to the Manager, Licensing, Permits & Regulatory Services, City of Mississauga, Tel. 905-615-3200, Ext. 4842 or 311.

- ☐ Individual/Sole Proprietorship ☐ **NEW application**  
☐ Partnership **Note:** A copy of the Articles of Incorporation and/or Business Name Registration must accompany all new applications.  
☐ Corporation ☐ **RENEWAL application**

Application Date (YYYY MM DD)

## 1. New or Renewal Licence

Type of Licence	Fee \$
Applicant's Name or Corporation Name or Number (last) (first) (initial)	
Business Name	
Business Location (Street address, unit number and postal code)	
Mailing Address (Street address, unit number, city and postal code) if different than above	
Business Phone	Email Address

## 2. Owner, Director, Partner and Agent Information

To be completed by applicant/partner or directors and officers of the Corporation (include additional pages if necessary)

Name (last) (first) (middle)	
Date of Birth	Identification Number (Drivers Licence, ID Card or Passport)
Residential Address (Street address, unit number, city and postal code)	
Company Title/Position	Primary Phone Number
Are you legally permitted to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, state reason)	
Email Address	Alternate Phone Number

Name (last) (first) (middle)	
Date of Birth	Identification Number (Drivers Licence, ID Card or Passport)
Residential Address (Street address, unit number, city and postal code)	
Company Title/Position	Primary Phone Number
Are you legally permitted to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, state reason)	
Email Address	Alternate Phone Number

Name (last)		(first)	(middle)
Date of Birth		Identification Number (Drivers Licence, ID Card or Passport)	
Residential Address (Street address, unit number, city and postal code)			
Company Title/Position		Primary Phone Number	
Are you legally permitted to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, state reason)			
Email Address			Alternate Phone Number

### 3. Declaration

THE APPLICANT DECLARES THAT:

I, \_\_\_\_\_ of the city/town of \_\_\_\_\_  
in the county/region of \_\_\_\_\_ do solemnly declare:

1. I am the ☐ applicant, ☐ authorized agent, or : \_\_\_\_\_
2. All the information and any statement contained in this application is true.

\_\_\_\_\_  
Signature of Applicant/Corporate Officer

\_\_\_\_\_  
Company Title/Position

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.