Business Licence Application

(New or Renewal)

Community Services
Licensing, Permits & Regulatory Services
950 Burnhamthorpe Road West
Mississauga ON L5C 3B4
Tel: 905-615-4311

MISSISSAUGA

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 regarding the collection of this information should be directed to the Manager, Licensing, Permits & Regulatory Services at 950 Burnhamthorpe Road West, Mississauga, ON L5C 3B4 or by calling 311 (or 905-615-4311 outside City limits).

☐ Individual/Sole Proprietorship
☐ Partnership
☐ Corporation

○ **NEW application**
Note: A copy of the Articles of Incorporation and/or Business Name Registration must accompany all new applications.

○ **RENEWAL application**

Application Date (YYYY MM DD)
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 MM DD | 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?
☐ Yes ☐ No (if no, state reason)

Email Address | Alternate Phone Number

Name (last) (first) (middle)

Date of Birth MM DD | 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?
☐ Yes ☐ No (if no, state reason)

Email Address | Alternate Phone Number

Name (last) | (first) | (middle)

Date of Birth (MM DD) | 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?

☐ Yes ☐ No (if no, state reason)

Email Address | Alternate Phone Number

3. Declaration

THE APPLICANT DECLARES THAT:

I, _____ of the city/town _____

in the county/region _____ 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 ____ .

PRINT