

THE REGIONAL MUNICIPALITY OF NIAGARA POLICE SERVICES BOARD



FORM 11
APPLICATION FOR BUSINESS OWNER'S LICENCE

INITIAL APPLICATION _____ RENEWAL _____

Proposed Business Operating Name _____

Proposed Business Location _____ City _____

Postal Code _____ Business Telephone _____ Email Address _____

Please indicate type of Licence Required:

Second-hand Store _____ Second-hand Dealer _____

Auto Wrecking & Salvage _____ Salvage Yard _____ Taxicab Broker _____

1. SOLE OWNER

Name _____

Address _____ City _____ Postal Code _____

Telephone _____ Date of Birth _____

Place of Birth _____ If born outside Canada, please indicate your status in Canada _____

Please provide/attach copy of Citizenship, Landed Immigration papers, Permanent Resident Card, and or Work permit

2. PARTNERSHIP

Partnership Name _____ Address _____ City _____

Address of Principal Place of Business _____ Telephone _____

PARTNERS

Name	Address	City	Date of Birth	% Interest	date Became Partner
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. CORPORATION

Corporate Name _____ Head Office Address/City _____

Address of Principal Place of Business _____ Telephone _____

SHAREHOLDERS:

Name	Address	City	Date of Birth	% Interest	date Became Partner
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DIRECTORS:

Name	Address	City	Date of Birth	% Interest	date Became Partner
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OFFICERS:

Name	Address	City	Date of Birth	% Interest	date Became Partner
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4. Has the applicant, or any partner, shareholder or director thereof, or any controlled or related partnership, proprietorship or corporation, ever applied for and been refused a licence by The Regional Municipality of Niagara Police Services Board, or after receiving such licence, had same suspended or revoked? If so, list details.

5. Has any person mentioned in section 5 ever been convicted of contravening any provision of The Regional Municipality of Niagara Police Services Board Licencing By-law? If so, list details.

6. Has the applicant, in the case of a proprietorship, or a partner in the case of a partnership, or a director, shareholder or an officer in the case of a corporation, ever been convicted of an offence (for which you have not been granted a pardon) under the Criminal Code, Narcotic Control Act, Food and Drugs Act, or Controlled Drugs and Substance Act? If so, list details.

7. Does the applicant or any partner, shareholder or director thereof, have any interest in any other business, trade, calling or occupation which is required to be licenced pursuant to The Regional Municipality of Niagara Police Services Board Licencing By-law? If so, list details.

8. I understand that making a false statement in this application could result in a refusal to issue a licence or in a suspension or revocation of a licence at a later date.

9. I hereby authorize the Niagara Regional Police Service to release to The Regional Municipality of Niagara Police Services Board any and all particulars of my criminal record.

10. In consideration of the release of the information by the Niagara Regional Police Service, I hereby release and forever discharge the Niagara Regional Police Service and all of its members for damages or for loss or injury arising out of the release of information relating to my criminal record which may hereafter be sustained by me.

11. I am the applicant/ a partner of the applicant/ a director of the applicant corporation/ and as such, I have knowledge of the information listed above and I am authorized to complete this application. (Delete the inapplicable portion of this section.)

12. I certify that the above information is true to the best of my knowledge, information and belief.

DATE _____

SIGNATURE _____

