



## Pet Store Licence Application

<b>Date Received:</b>	Licence Number:
<b>Pet Store</b>	
New	Renewal
<b>Applicant Information:</b>	
Applicant Name:	
Business Address:	
E-mail:	Phone Number:
<b>Property Owner Information (if different than above):</b>	
Name:	
Mailing Address:	
E-mail:	Phone Number:
<b>Application Requirements:</b>	
<input type="radio"/> Completed Application Form <input type="radio"/> Certificate of general liability insurance <input type="radio"/> Licence Fee <input type="radio"/> Supporting documentation for animal sourcing (see Form 1)	
<b>Declaration of Applicant:</b>	
<p>I, _____ certify that:</p> <p>By signing this application the Owner/Applicant agrees that the above information provided is true and correct to the best of my knowledge. The Owner/Applicant further agrees that any false information may result in a revocation of any licence that may be issued.</p> <p>Applicant Signature: _____ Date: _____</p> <p><i>Personal information is collected on this form under the authority of the Municipal Act. The purpose of this collection is to process the application, and to determine whether to issue a licence. Information will also be used for the administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws. The personal information provided on this form is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Should you have any questions or concerns regarding the collection of personal information, please contact the Clerks Department, 19000 Leslie Street, Sharon, LOG 1V0.</i></p>	
<b>Office use Only:</b>	
All documents received: yes <input type="radio"/> no <input type="radio"/>	
Approving signature _____	Business Licence # _____

“Our town, Our future”

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