



### APPLICATION FORM

**CUSTOMER I.D. #** \_\_\_\_\_ **PLEASE PRINT LEGIBLY** **PREVIOUS YEAR'S LICENCE #** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street number/name \_\_\_\_\_ Town \_\_\_\_\_ Postal Code \_\_\_\_\_

**BUSINESS INFORMATION:** *If owner is a partnership or limited company, attach a list in conformity with the provision in the by-law.*

**Business Name:** \_\_\_\_\_  
Company Number and/or Name operated as \_\_\_\_\_

**Address:** \_\_\_\_\_  
Address for physical location of business, including Street, City, Postal Code

**CONTACT INFORMATION:** **Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Bus Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**VEHICLE INFORMATION:** **V.I.N.** \_\_\_\_\_ **Prov Plate #** \_\_\_\_\_

**Yr/make/model/colour** \_\_\_\_\_ **Co. Name on Vehicle:** \_\_\_\_\_

**DRIVER INFORMATION:** **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Other municipalities licensed by:** \_\_\_\_\_

Personal information contained in this form is collected under the authority of By-law No. 2012 -120 - LI and will be used to determine eligibility for a licence. Questions about this collection should be directed to: Licensing and Public Services Coordinator, Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, ON L4A 0Z8 (905) 640-1900 or 1-855-642-8696

Should this application be approved by the Council of The Corporation of the Town of Whitchurch-Stouffville and the appropriate licence subsequently issued, I do hereby agree to comply with the provisions of the Town of Whitchurch-Stouffville Licensing By-law and all of its amendments.

***I solemnly declare that the statements made in this application are true, to the best of my knowledge.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>All applicants are required to provide:</b> <input type="checkbox"/> proof of ability to work in Canada <input type="checkbox"/> completed application / licence fee	
<b>Ice Cream Truck Owners:</b> <input type="checkbox"/> proof of \$2,000,000 liability insurance <input type="checkbox"/> vehicle ownership/lease <input type="checkbox"/> York Region Health approval <input type="checkbox"/> current/valid safety standards certificate	<b>Mobile Vendors:</b> <input type="checkbox"/> proof of \$2,000,000 liability insurance <input type="checkbox"/> vehicle ownership/lease <input type="checkbox"/> York Region Health approval <input type="checkbox"/> permission letter from owner of property <input type="checkbox"/> propane certificate, if applicable
<b>Ice Cream Truck Drivers:</b> <input type="checkbox"/> Police Information Check <input type="checkbox"/> provincial driver's licence ("G" class) <input type="checkbox"/> 2 recent passport-type photos <input type="checkbox"/> doctor's certificate (initial/as requested) <input type="checkbox"/> letter of promise of employment by Owner	<b>Refreshment Vehicles:</b> <input type="checkbox"/> provincial driver's licence ("G" class) <input type="checkbox"/> proof of \$2,000,000 liability insurance <input type="checkbox"/> vehicle ownership/lease <input type="checkbox"/> York Region Health approval <input type="checkbox"/> current/valid safety standards certificate <input type="checkbox"/> propane certificate, if applicable
<b>Kennel Operator:</b> <input type="checkbox"/> Zoning compliance letter (initial only)	<b>Places of Amusement:</b> <input type="checkbox"/> Police Information Check <input type="checkbox"/> 2 recent passport-type photos <input type="checkbox"/> Zoning compliance letter (initial only)
<b>Tourist/Trailer Camps:</b> <input type="checkbox"/> copy of Site Plan (initial and upon changes) <input type="checkbox"/> Zoning compliance letter (initial only)	