



Application for:

BUSINESS REGISTRY

**SCHEDULE "A"
To Bylaw No. 1816/05**

The registration of a business is governed by rules, regulations and conditions as set out in Bylaw No. 1816/05 of the Corporation of the Town of Espanola.

Name of Applicant: _____
Address: _____
Town/City: _____ Postal Code: _____
Telephone No: _____ Fax No: _____
Email: _____ Website: _____
Name of Business: _____
Location: _____ Date of Operation: _____
Is the Owner the same as the applicant: Yes ___ No ___
If different than above please indicate name and address

Type of Business: _____

Type of Service or Product (be specific)

I hereby certify that all information contained on this application is correct in every respect.

Date: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY:

Completed Application Received: _____ New business: _____ Renewal: _____
Change of Ownership: _____ Change of Name: _____
Change of Address: _____
Circulated to Depts./Agencies: _____ Complies to zone regulations: Yes ___ No ___

Circulated to:

Police Services	<input type="checkbox"/>	Leisure Services	<input type="checkbox"/>
Public Works Dept.	<input type="checkbox"/>	Fire Dept.	<input type="checkbox"/>
Espanola Regional Hydro	<input type="checkbox"/>	Building Controls	<input type="checkbox"/>
Health Unit	<input type="checkbox"/>	Administration/Planning	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		

**NOTICE UNDER
THE MUNICIPAL FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY ACT**

Personal information and confidential third party information is being collected by the Corporation of the Town of Espanola under the authority of the *Municipal Act, 2001* and will be used, maintained and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.

Information collected on this form and indirectly will be used for the following purposes:

1. To determine the eligibility of the applicant for business registration or licencing.
2. Information submitted by applicants may be shared with officials of the Corporation of the Town of Espanola, the Espanola Police Service and/or the Sudbury and District Health Unit.

The Town Official who can answer questions about the collection and disclosure of information is:

Cynthia Townsend, Clerk Treasurer / Administrator
100 Tudhope Street, Suite #2, Espanola, ON P5E 1S6

Telephone: (705) 869-1540
Fax: (705) 869-0083
Email: town@espanola.ca

ACKNOWLEDGEMENT AND CONSENT

The applicant(s) signed this application on the _____ day of _____, 20____ and certifies that all information and statements made herein and supporting schedules and documentation are accurate and complete, to the best of my/our knowledge and belief, and true and is a true and complete statement in accordance with law.

I/We have read and understand the above **NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** and consent to the indirect collection of personal information by the Town of Espanola and consent to the use and disclosure of such personal information as described in the above **NOTICE**.

I/We also acknowledge that employees of the Corporation of the Town of Espanola, the Espanola Police Service and/or the Sudbury and District Health Unit or their authorized representatives may enter the subject business during hours of normal operation in order to conduct inspections and monitor facility operations to verify compliance with the Town's bylaws and regulations.

IF A CORPORATION, PRESIDENT AND ONE DULY AUTHORIZED OFFICER MUST SIGN; IF A LLP, ALL MEMBERS MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF A SOLE PROPRIETORSHIP, THE OWNER MUST SIGN. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

By: _____ Title: _____

By: _____ Title: _____

By: _____ Title: _____

By: _____ Title: _____