

**TOWNSHIP OF UXBRIDGE  
BUSINESS LICENCE APPLICATION – 20\_\_**



*Please complete all applicable sections. Fees and submission requirements are listed on last page.*

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**GENERAL INFORMATION**

**Name of Business:** \_\_\_\_\_

**Operating Name (if different):** \_\_\_\_\_

**Type of Business (check one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Place of Amusement | <input type="checkbox"/> Refreshment Vehicle             |
| <input type="checkbox"/> Transient Trader   | <input type="checkbox"/> Second-Hand Goods               |
| <input type="checkbox"/> Pawnbroker         | <input type="checkbox"/> Methadone Maintenance Treatment |
| <input type="checkbox"/> Taxi Driver        | <input type="checkbox"/> Taxi Owner                      |
| <input type="checkbox"/> Go-Kart Kartways   | <input type="checkbox"/> Salvage Yard                    |

**Name of Applicant:** \_\_\_\_\_  
(if not the same as business name)

**Municipal Address of Business:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**REQUIRED FOR ALL LICENCES**

Requirement	Yes	No
Criminal Reference Check (Owner)	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Reference Check (Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Original Insurance Certificate (min. \$2M liability, Township named as additional insured)	<input type="checkbox"/>	<input type="checkbox"/>

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## BUSINESS TYPE REQUIREMENTS

### PLACE OF AMUSEMENT

No additional requirements.

### REFRESHMENT VEHICLE

(Attach the following documents as applicable)

Requirement	Yes	No
Durham Food Safety Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Durham Food Safety Inspection Summary Sign	<input type="checkbox"/>	<input type="checkbox"/>
Propane/Natural Gas Fitter Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Written approval from nearby Eating Establishments (within 30m)	<input type="checkbox"/>	<input type="checkbox"/>
Development Services location confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Approved: _____ (Development Services)		
Signage approval from By-law/Building	<input type="checkbox"/>	<input type="checkbox"/>
Approved: _____ (By-law/Building)		
Fire Code compliance	<input type="checkbox"/>	<input type="checkbox"/>
Approved: _____ (Fire Dept.)		

### Stationary Vehicles Only:

Legal Address of Lot: \_\_\_\_\_

Attach:

- ☐ Proof of ownership
- ☐ Owner consent
- ☐ Site Plan

### Mobile Vehicles Only:

Attach:

- ☐ Vehicle registration
  - ☐ Safety certificate
  - ☐ Driver's abstract
  - ☐ Proof of insurance
  - ☐ Valid provincial permit
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## TRANSIENT TRADER



## SECOND-HAND GOODS DEALER / SHOP

Description of Goods: \_\_\_\_\_

Attach:

☐ Deed or parcel register

☐ Lease

☐ Floor plan sketch/survey

☐ Development Services location confirmation

Approved: \_\_\_\_\_ (Development Services)

☐ Signage approval from By-law/Building

Approved: \_\_\_\_\_ (By-law/Building)

☐ Fire Code compliance

Approved: \_\_\_\_\_ (Fire Dept.)

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## PAWNBROKER

No additional requirements.

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## TAXI OWNER

	Requirement	Yes	No
Ontario Licence Plate		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Safety Certificate		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Ownership		<input type="checkbox"/>	<input type="checkbox"/>
Accessible Taxi P.D.P. Approval		<input type="checkbox"/>	<input type="checkbox"/>
Annual Inspection Certificate		<input type="checkbox"/>	<input type="checkbox"/>
By-law Department approval		<input type="checkbox"/>	<input type="checkbox"/>
Approved:	_____ (By-law)		

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## TAXI DRIVER



Requirement	Yes	No
Medical Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Abstract	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Sector Screening	<input type="checkbox"/>	<input type="checkbox"/>

**Driver's Licence #:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_  
**Taxi Company:** \_\_\_\_\_

Have you ever been licenced as a taxi driver? ☐ Yes ☐ No

If Yes, most recent year: \_\_\_\_\_

☐ By-law Department approval

Approved: \_\_\_\_\_ (By-law)

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## GO-KART KARTWAYS

☐ By-law Department approval

Approved: \_\_\_\_\_ (By-law)

☐ Fire Department approval

Approved: \_\_\_\_\_ (Fire Dept.)

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## SALVAGE YARDS

☐ By-law Department approval

Approved: \_\_\_\_\_ (By-law)

☐ Fire Department approval

Approved: \_\_\_\_\_ (Fire Dept.)

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## SUBMIT APPLICATION TO:

### Clerk's Department

Township of Uxbridge  
51 Toronto Street South, Box 190  
Uxbridge, ON L9P 1T1  
Tel: 905-852-9181



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## IMPORTANT NOTES:

- No licence will be issued until all required documentation is received and all fees, taxes, and approvals are satisfied.
  - Incomplete applications will not be accepted.
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## OFFICE USE ONLY

Licence #: 20\_\_\_\_ - \_\_\_\_\_ Date Approved: \_\_\_\_\_  
☐ New ☐ Renewal

GL Code for Processing: **1-13-132-0164-9412**

Description: Clerks Office Business Licences