



APPLICATION FOR BUSINESS LICENCE
The Corporation of the City of Kenora

Please submit this application to:
 Licensing Department, City of Kenora
 1 Main Street South, Kenora, ON P9N 3X2
 Phone: (807) 467-2000 Fax: (807) 467-2045
 Email: customer care@kenora.ca

Type or print plainly in blue or black ink.

Business Name:		Type of business:
Location (address) of business:		Mailing address:
Contact name:	Business Phone number:	Business Email:

Owner / Manager Information

Owner / Manager:	Date of Birth:	Phone Number:	
Last Name First Name	Day Month Year		
Address:		Type of Product(s) or Service:	
Street	City	Province	Postal Code
Liability Insurance Policy:		Driver's License Number:	

WSIB No. or Equivalency:	Number of employees:	Have you ever been denied a business license?	
		Yes No If yes why:	
Vehicle(s) owned or used by Company:		Vehicle(s) owned or used by Company:	
License #:	Model:	Year:	Colour:

Business Details

Is this a home-based business at a residential address:	Yes _____ No _____
Will customers/clients attend the premises?	Yes _____ No _____ If yes, estimated number of visits per day/week: _____
Zoning designation (if known)	
Is the zoning confirmed as permitting this use:	Yes _____ No _____ Pending _____
Will there be On-site storage of materials or inventory:	Yes _____ No _____
Will there be outdoor storage displays or signage on the property:	Yes _____ No _____
Will vehicle(s) used for the business be kept on site:	Yes _____ No _____

- [City of Kenora Zoning Bylaw Map 101-2015 Schedule](#)
- [City of Kenora Zoning Bylaw](#)



Detailed description of business activities (what you do, goods/services provided):

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Home-based business section

(Complete this section only if the business operates from a dwelling)

Type of dwelling: <input type="checkbox"/> Single-detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment/condo <input type="checkbox"/> Other: _____	
Approximate total finished floor area of dwelling: (m ² or ft ²): _____	Percent of dwelling used for business: % _____
Area used for business: (m ² or ft ²): _____	Will non-resident employees work on the premises: Yes _____ No _____
Will there be any structural changes or renovations: Yes _____ No _____	If yes, describe (and note if building/electrical/plumbing permits have been obtained):

Required attachments (check if enclosed)

<input type="checkbox"/> Proof of identity for applicant (e.g., driver's license, passport)
<input type="checkbox"/> Proof of business name registration / Articles of Incorporation
<input type="checkbox"/> Proof of zoning compliance or zoning clearance letter (if required)
<input type="checkbox"/> Proof of insurance (e.g., commercial general liability)
<input type="checkbox"/> Site plan or floor plan showing business area and any customer areas
<input type="checkbox"/> Copies of other required approvals/permits (e.g., health unit, fire, building)
<input type="checkbox"/> Valid police or criminal record check (must be issued within the past 90 days)

**Please note applications may take up to 10 business days to process.*

Special Events Permit / License:

(Note: you must apply at least 10 days prior to the event)

Special Event Name:	Event Contact Name & telephone number:	
Dates of event: From: _____ To: _____	Types of products being sold (provide detail):	
Have you been licensed for other special events by the City?	Name of previous event licensed for:	Date of Previous Event:
Previous City of Kenora License Number:	Event Fees: (1 st event \$100.00, 2 nd or more \$50.00 each)	Is food to be sold: Yes _____ No _____ <small>If yes, contact the Northwestern Health Unit for prior approval (807) 468-3147</small>



City of Kenora Approvals (For Office Use Only)

City Clerk	Date:	Comments:
Fire Chief	Date:	Comments:
Zoning	Date:	Comments:
Chief Building Official	Date:	Comments:

Statement of Applicant: I hereby agree to abide by all the By-laws and regulations of the Corporation of the City of Kenora and any statutory laws of the Province of Ontario and/or the Government of Canada concerning the issue of the licenses and the conduct of the business authorized hereby. I further acknowledge that the said Corporation of the City of Kenora or any of its officials cannot be held responsible in any way whatsoever for any investment or expenses incurred with any license or application for the same. I certify that all Statements provided are correct and understand that any false statement shall cause my license to be revoked.

Signature of Applicant: _____

Printed Name: _____ **Date:** _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL ACT, AND WILL BE USED FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR A BUSINESS LICENSE. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO: THE FREEDOM OF INFORMATION AND PRIVACY COORDINATOR, CITY OF KENORA, ONE MAIN STREET SOUTH, KENORA, ON P9N 3X2 (807) 467-2295.