



APPLICATION FOR TATTOO PARLOUR/PIERCING ESTABLISHMENT

Term of 1 year expiring September 30th

Licensing Requirements:

- Must be at least 18 years of age
- Be either a Canadian Citizen or landed immigrant
- Certificate of Insurance on form provided by Town
- Criminal Record Check of all principals of business
- Location of office must meet zone provisions
- Town of Caledon Fire Department approval for new applicants
- Letter of Approval from Region of Peel Health Department
- Payment of Licence Fee as set out in Fees By-law
- Business Registration
- Articles of Incorporation (if applicable)

APPLICANT INFORMATION

Applicant is:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partner in Partnership	<input type="checkbox"/> Officer or Director of a Corporation	<input type="checkbox"/> Employee/Other
Last Name		First Name	Middle Name(s)
Street Number	Street Name		Town/City
Postal Code	E-mail address		Phone Number
Position in company (if applicable):			

BUSINESS INFORMATION (if owner is a company)

Legal Business Name:		
Operating Business Name:		
Street Number	Street Name	Town/City
Postal Code	E-mail address	Phone Number
Fax Number:		Other Phone Number (if applicable).

Consent

I am the applicant herein and am aware that a search will be made to process my application for a licence and I consent to the Town of Caledon making enquiries to the Region of Peel Health Department and the Ontario Provincial Police or any other police department regarding any matter that may have a bearing on the conduct of the business for which a licence is being applied for, and any criminal offence for which a pardon has not been granted.



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I hereby acknowledge that the licence is subject to the provisions of Town of Caledon Tattoo Parlour and Piercing Establishment Licensing By-law 2010-062 and agree to comply with these provisions. The information contained in this application is true and correct. I am the applicant or, where the applicant is a corporation or partnership, I am a person who has authority to bind the applicant.

Signature

Date

Personal information contained on this form is collected under the authority of the *Municipal Act* and Town of Caledon By-law 2010-062 and will be used for the purpose of processing this application and administering the by-law. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Co-ordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, (905)584-2272.

FOR OFFICE USE ONLY

Licence Fee Paid Yes No Licence Granted: Yes No

Date Issued: _____