

To all Applicants:

- A business licence is mandatory if you are planning to operate a business in the Town of Smiths Falls. To apply for the business licence you are required to obtain and complete the application form from the Corporation of the Town of Smiths Falls
- The Business Application Form and Business Licencing By-Law can be picked up from the main office at the Town Hall or download the application form and information from the website www.smithsfalls.ca/civic-services/records-licenses/
- Your business will be listed on the BUSINESS LISTING webpage of the Town of Smiths Falls website. Please notify our office of any information changes regarding your business.
- The general business license application form is offered at NO FEE
- The Annual Fee to licence a Chip Wagon is **\$600 per vehicle per location**, and a **\$50 fee per request for Structure Modification/Addition**

APPLICATION FORM REQUIREMENTS:

1. Obtain the application form for your specific type of business
2. Fill in all required information regarding your business
3. Read, print your name and sign all required areas
4. **If you will be serving food**, arrange for the Health Unit to inspect your business
5. Bring completed form to Licencing Officer at the Town Hall
6. The Licencing Officer will arrange the Fire & Building Inspections
7. Licencing Officer will contact you in regards to the status of your application
8. The business licence is only valid for the specified business and address stated on application form
9. A new business licence must be completed for any changes to the type of business, operation or address
10. Complete and submit form to allow sufficient time for processing

** Please keep any additional information for your knowledge, only submit the application form

If you have any questions or require further information, please do not hesitate to contact the Municipal Licencing Officer at 613-283-4124



Town of Smiths Falls
77 Beckwith St. N.
Smiths Falls, ON
K7A 4T6
(613) 283-4124
Fax: (613) 283-4764

Application for a Business License

I, the named applicant certifies to the truth of all statements made herein. I understand that the issuance of a license shall not be deemed a waiver of the provisions of any by-laws or other regulations, notwithstanding anything included in or omitted from the material filed in support of this application. I acknowledge that in the event that a license is issued, any departure from the specifications proposed in the application is prohibited and such could result in the license being revoked. I further acknowledge that in the event that the license is revoked for any cause or irregularity or non-conformity with the by-laws or regulations there shall be no right of claim whatsoever against the Corporation or any official thereof and any such claim is hereby expressly waived. I hereby agree to hold and save harmless the Corporation of the Town of Smiths Falls, its officers, employees and officials from all claims or cause of action against the Corporation because of injury or damage to persons or property arising from the operation of the business for which the license is issued.

I acknowledge that it is my responsibility as the business owner to arrange for the removal of the business waste; however, I do understand that recycling is available in accordance to the by-laws.

(print name)

(signature)

(date)

Please allow 2 weeks for processing and inspections.

Personal information contained on this form is collected under the authority of the Municipal Act and Assessment Act and will be used to determine eligibility for the applicable license. Questions about this collection should be directed to the licensing officer; P.O. Box 695, 77 Beckwith St, N, Smiths Falls, ON K7A 4T6, (613) 283-4124

Type of License Required:
<input type="checkbox"/> General
<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Temporary Sales – Please provide start and finish dates in the description of business space below.
<input type="checkbox"/> Auctioneer
<input type="checkbox"/> Second Hand Goods/Pawn Shop
<input type="checkbox"/> Salesperson Hawker/Peddler – Please provide intended dates of sale, specific location daily license-max 4 days or annual license in the description of business space below.
<input type="checkbox"/> Retail Goods, Services and Amusement License
<input type="checkbox"/> Refreshment Vehicle: (Please indicate type below) A plot plan is required for this license as well as the completion of the attached Natural Gas/Propane Refreshment Vehicle Equipment Inspection Checklist and must be attached upon submission of application.
Description of Business/Products or Services Sold: Please provide a few words describing your business, your information may be posted on the Town Website as an added business promotion feature.

Business Information			
Name of Business		Total Square Footage	Number of Employees
Street Address		Unit Number (if applicable)	Smiths Falls
Municipality Town of Smiths Falls		Postal Code	Email
Telephone number		Fax	Cell number
Owner of Business Information			
Last Name		First Name	
Street Address		Unit Number (if applicable)	Town/City
Municipality	Postal Code	Province	Email
Telephone number	Fax		Cell number
Property Owner (if different from owner of business) – Signature Required			
Last Name		First Name	
Street Address		Unit Number (if applicable)	Town/City
Municipality	Postal Code	Province	Email
Telephone number	Fax		Cell number
(The following compliance approval shall be completed by the Property Owner if different than the Owner of the Business)			
I, _____, owner of the property described as _____ hereby approve the operation of the Business described in this application form.			
_____		_____	
(date)		(Signature)	
Property Manager/Key Holder			
Name:		Phone Number	
Additional Information			

Note to Applicant: If you are preparing food, the Health Unit will require, in addition to the application form, a floor plan drawn to scale, showing washrooms, sinks, storage areas, equipment etc.
MEDICAL OFFICER OF HEALTH OR DESIGNATE: (613-283-2740)

I, _____,
(Name) (Position)

- a) Having reviewed the application and inspected the site, hereby approve of the operation of the business as described in this application form on the grounds that it meets or exceeds all requirements of the Leeds, Grenville and Lanark District Health Unit **OR**
- b) Approve the operation of the business based on documentation provided, subject to compliance and final inspection **OR**
- c) Approval from this agency is not required

(date) (Signature)

FIRE CHIEF OR DESIGNATE: (613-283-5869 Non-emergency number)

I, _____,
(Name) (Position)

- a) Having reviewed the application and inspected the site, hereby approve of the operation of the business as described in this application form on the grounds that it meets or exceeds all fire safety standards established by the Smiths Falls Fire Department **OR**
- b) Approve the operation of the business subject to the conditions attached **OR**
- c) Approve the operation of the business without site inspection which is deemed unnecessary

(date) (Signature)

BUILDING INSPECTOR OR DESIGNATE: (613-283-4124)

I, _____,
(Name) (Position)

- a) Having reviewed the application and inspected the site, hereby approve of the operation of the business as described in this application form on the grounds that it conforms to the provisions of the Zoning By-Law and Building Code. **OR**
- b) Approve the operation of the business subject to the conditions attached **OR**
- c) Approve the operation of the business without site inspection which is deemed unnecessary

(date) (Signature)

PLANNING DEPARTMENT: (613-283-4124)

I, _____,
(Name) (Position)

- a) Having reviewed the application and inspected the site, hereby approve of the operation of the business as described in this application form on the grounds that it conforms to the provisions of the Zoning By-law. **OR**
- b) Approve the operation of the business subject to the conditions attached **OR**

(date) (Signature)

Natural Gas/Propane Refreshment Vehicle Equipment Inspection Checklist

SECTION A: IDENTIFICATION (if the name plate is missing or illegible the unit must be recertified or scrapped)	
Model #: _____ Name: _____ Serial #: _____ Certification Logo #: _____	
Model #: _____ Name: _____ Serial #: _____ Certification Logo #: _____	
Model #: _____ Name: _____ Serial #: _____ Certification Logo #: _____	
Model #: _____ Name: _____ Serial #: _____ Certification Logo #: _____	
SECTION B: SAFETY CHECK – STRUCTURE	
1. Is the equipment clean?	Y N N/A
2. Does the equipment appear to be structurally sound (are there any cracks in the frame and/or supports)?	Y N N/A
3. Are the cylinder mounting brackets/supports in good condition and appear to be of a design capable of withstanding calculated loading in any direction equal to 4 times the weight of the cylinder when loaded with propane?	Y N N/A
4. Are the cylinders mounted in a protected manner, above the frame, within the boundaries of the equipment body or frame?	Y N N/A
5. If housed inside an enclosure, is the enclosure vapor tight to the inside of the equipment and ventilated having a free area equal to 250 sq inches for each 20 lbs of stored propane? 75% of this free area shall be located in the lower half of the enclosure cabinet.	Y N N/A
SECTION C: SAFETY CHECK GAS VALVE/LINE INSPECTION	
1. Will the cylinder(s) pass the supplemental visual cylinder inspection?	Y N N/A
2. Is the cylinder connection in good condition and leak free?	Y N N/A
3. A. Is the proper 2 stage regulator system installed?	Y N N/A
B. Is it free of defects and/or tampering?	Y N N/A
C. Is it properly sized for the btu requirement?	Y N N/A
D. Is it protected from damage by weather condition and/or external forces?	Y N N/A
E. Is the regulator sourced permanently to the equipment or connected directly to the cylinder?	Y N N/A
4. Is the propane system leak free?	Y N N/A
5. A. Is the piping or tubing supported by a coated, approved support strap at intervals or not more than 18" (.5 meters) except where the frame provides support?	Y N N/A
B. Is it anchored within 6 inches from the end of the line?	Y N N/A
C. Is it identified by a label "propane"?	Y N N/A
6. Are rubber grommets installed where a propane supply line passes through a metal panel? Are the rubber grommets in good shape?	Y N N/A
7. Are all propane hoses free of cracks/cuts and abrasions? Are hose ends tightly crimped to the hose, preventing any movement between the hose and the hose end?	Y N N/A
8. A. Are all connections and materials used in the construction of the gas lines acceptable as per the B149 code?	Y N N/A
B. Have all galvanized pipe and fittings been replaced?	Y N N/A
SECTION D: SAFETY SHUT OFF VALVES	
1. Do the hot water and steamer burners with concealed flames all have approved 100% safety control shut off valves?	Y N N/A
2. Is the gas valve capable in normal operation of opening only when activated by the thermocouple/pilots and constructed so that it can be manually opened or readily blocked in the open position?	Y N N/A
3. Does the safety shut off valve prevent gas passing through when in the closed position?	Y N N/A
4. Are all pilot burner spacings proper to avoid delayed ignition?	Y N N/A
5. Are all on/off valves operating properly on the steamer, hot water and barbeque burners?	Y N N/A
6. Is the air/fuel ratio adjusted properly on all burners and pilots (is there a clear blue flame)?	Y N N/A
SECTION E: GENERAL	
1. If the equipment has a manufacturer's data plate, has anything been changed to affect the information on this plate?	Y N N/A
2. Have all filters or strainers been checked and cleaned or replaced if necessary?	Y N N/A
3. Is equipment protected from physical damage?	Y N N/A
4. Was equipment activated to ensure proper operating characteristics?	Y N N/A
5. Is ventilation adequate to ensure recirculation of products of combustion will not occur.	Y N N/A
SECTION F	
Refreshment Vehicle Address: _____	
Operators Name: _____	Date of Inspection: (DD/MM/YY)
Operators Phone Number: _____	Signature of Gas Fitter: _____
Operators Address: _____	Gas Fitter Certificate No.: _____



Schedule "B" to By-law No. 6018-94 & 7060-95

Application for a PERMANENT Sign Permit

Corporation of the Town of Smiths Falls

P.O. Box 695, 77 Beckwith St. N., Smiths Falls, Ontario

Phone: 1-613-283-4124, Fax 1-613-283-0558

Location: _____ Business Name: _____

Applicant: _____ E-Mail: _____ Ph: _____

Bus. Owner: _____ E-Mail: _____ Ph: _____

Designer: _____ E-Mail: _____ Ph: _____

Bus. Owner: _____ E-Mail: _____ Ph: _____

Prop. Owner: _____ E-Mail: _____ Ph: _____

Type of Sign (Check all that apply): Single Face Double Face Fascia Projecting
 Ground Pylon Free Standing Electronic Message Display Awning Marquee
 Interior Illuminated Exterior Illuminated Flashing

Type of Illumination _____ Ontario Hydro Approved (supply copy)

Location of Sign _____ Zone _____

Size of Sign _____ Height of Sign Above Ground _____

Width of Building Face _____ Height of Building Face _____

Width of Property _____ Depth of Property _____

Type of Existing Signs _____ Number of Existing Signs _____

A copy of plans for the proposed signage complete with a) Photo or artist rendition b) Location on building c) Construction design d) Type of Connectors e) Manufacturer's installation instructions f) Ballast (where required) g) Professional Engineers design may be required – must be submitted with this application. All relevant information should be provided in order to assist the Chief Building Official in their decision. Failure to provide required information will result in a delay of the application.

I, the undersigned _____, am the owner/authorized agent for the owner named in the above application and I certify the truth of all statements made herein. I understand that the issuance of a permit shall not be deemed a waiver of the provisions of any by-law or other regulations, notwithstanding anything included in or omitted from the plans or other material filed in support of this application. I, acknowledge that in the event that a permit is issued, any departure from the plans, specifications, or locations proposed in the application is prohibited and such could result in the permit being revoked. I further acknowledge that in the event the permit is revoked for any cause or irregularity or nonconformity with the by-laws or regulations, there shall be no right of claim whatsoever against the municipal corporation or any official therefor and such claim is expressly waived.

Signature Owner/Authorized Agent _____ Date: _____

Conditions: _____

Sent to APS/ED on _____ OK NO Sent to COW on _____ - approved OK NO
 Denied Approved FEE - \$ _____ CBO or Designate _____ Date: _____

Hold Harmless Agreement

THE UNDERSIGNED hereby agree and save harmless the Corporation of the Town of Smiths Falls, its officers, employees and officials from all claims or cause of action against the Corporation of the Town of Smiths Falls because of injury or damage to property of others arising from the placement of a sign or other property of the undersigned and placed on, into or above property on premises of the Town of Smiths Falls.

Owner or Authorized Person:

Witness:

Title/Position: _____

Title/Position: _____

Address: _____

Address: _____

Date: _____

Date: _____

(Signature)

(Signature)

If a corporation, affix Corporation seal.

Insurance Certification

THE UNDERSIGNED hereby certifies that insurance coverage is in full force and effect for the above names with the (Insurance Company) _____, under policy number _____ with liability limits not less than \$1,000,000.00 and covering all business premises and operations. Further, that the Town will give fifteen (15) days notice of cancellation or non-renewal of this policy of insurance and further, that this policy acknowledges the above agreement.

Signed by: _____

Date: _____

(authorized insurance representative)

(Print Name Clearly)

Personal Information contained on this form is collected under the authority of the Municipal Act and the Corporation's By-Law Number 6018-94 and by-law number 7060-94 and will be used to determine eligibility for the application license. Questions about this collection should be directed to the:

Clerk, Town of Smiths Falls
77 Beckwith Street, North
Smiths Falls, Ont. K7A 4T6