



Application to Operate a Salvage Yard in the City of Kawartha Lakes

Owner of Business must complete all questions on this form. The Licensing Fee must be collected prior to Agency Approval. Licensing fee is Non-Refundable

Name of Owner: _____ Phone #: _____ Email: _____

Home Address: _____

Town/Village: _____ Postal Code: _____

Driver's License Number: _____ Class: _____ Expiry Date: _____

Name of Business: _____ Business Phone #: _____

Address: _____

Town/Village: _____ Postal Code: _____

Does this business have any outstanding corrective action orders or non-compliance issues under any Federal, Provincial or Municipal Acts, Regulations or By-laws?Yes: ☐ No: ☐

Please Specify: _____

Has any current owner, partner or shareholder of this business ever been convicted under any Federal or Provincial Act within the last 5 years for which a pardon has not been received?Yes: ☐ No: ☐

Please Specify: _____

Please submit this application with the following documents:

- 1) Copy of Ontario Master Business License;
- 2) Proof of Property Ownership OR Letter of Permission to operate business on owner's property;
- 3) Site Plan Drawing;
- 4) Proof of appropriate zoning from our Planning Department – Zoning Opinion Required;
- 5) Inspection reports from City's Building, Health and Fire Departments;
- 6) Copy of Certificate of Insurance – Minimum of 2 Million Dollars General Liability Insurance; and
- 7) Licence Fee in accordance with the Fees By-Law.

TO: **Municipal Law & Licensing Clerk
City of Kawartha Lakes
37 Lindsay Street South
Lindsay, Ontario K9V 2L9
Phone: (705) 324-9411 ext. 1328**

(Additional documents deemed pertinent in the granting of this application may be required at the request of the Licensing Officer.)

DECLARATION

I, the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the City of Kawartha Lakes, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath.

X _____
Signature of Applicant Date of Signature

The personal information on this form is being collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act*, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at Clerks@Kawarthalakes.ca