



## Application to Operate a Motor Vehicle Racing Facility in the City of Kawartha Lakes

The Licensing Fee must be collected prior to Agency Approval. Licensing fee is Non-Refundable

Name of Applicant: \_\_\_\_\_ 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) Proof of Property Ownership OR Letter of Permission to operate business on owner's property;
- 2) Detailed Site Plan Drawing;
- 3) Proof of appropriate zoning;
- 4) Inspection reports from City's Building, Health and Fire Departments;
- 5) Proof of appropriate insurance coverage (min. \$5 million);
- 6) Clearance letters from applicable City Director(s) and Police;
- 7) Clearance letters from the Technical Safety Standards Authority, Kawartha Conservation Authority and Liquor Licence Board of Ontario if applicable; and
- 8) License Fee in accordance with the Fees By-Law.

TO: **Municipal Law & Licensing Clerk**  
**City of Kawartha Lakes**  
**37 Lindsay St 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.)

### INDEMNIFICATION AGREEMENT

I, the undersigned, agree that I shall at all times indemnify and save harmless the Corporation of the City of Kawartha Lakes, its employees and Members of Council from and against any and all manner of claims, demands, losses, actions and other proceedings whatsoever made or brought against, suffered by, or imposed on the City in respect of any loss, damage or injury to any person or property, which are occasioned by or attributable to the issuance of this license or operation of the business.

X \_\_\_\_\_  
Signature of Applicant Date of Signature

### DECLARATION

I, the undersigned, 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 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](mailto:Clerks@kawarthalakes.ca)