



Fee: Receipt No.: Licence No.:

**SALVAGE/SECOND HAND GOODS
APPLICATION FORM**

Licence Type:	Renewal:	New:
Type of Business:		
Name of Business:		
Address:		
City	Postal Code	
Phone (Res)	Phone (bus)	
Company Name:	Registered: Y N	

Name of Applicant:		
Address:		
City	Postal Code	
Phone (Res)	Phone (bus)	

Name of Partner (other than applicant):		
Address:		
City	Postal Code	
Phone (Res)	Phone (bus)	

Property Owner (where business is located):		
Address:		
City	Postal Code	
Phone (Res)	Phone (bus)	

Personal information on this form is collected under the Authority of the Municipal Act, R.S.O. 1980, c. 302 as amended, and will be used to determine compliance with the provisions of the Township of Scugog Licensing By-Law.

This information may be forwarded to various Township Departments and the Region of Durham for comment.

Questions about this collection should be directed to the:

Township of Scugog
Clerks Department
181 Perry Street, PO Box 780
Port Perry, ON, L9L 1A7
905-985-7346

The undersigned hereby applies for a licence as described, and agrees to comply with all Municipal By-Laws and Regulations, and all other applicable requirements. The Applicant acknowledges that all licence fees are non-refundable. The Applicant hereby acknowledges that the Council of the Township of Scugog, in processing the application may make such inquiries and searches as it deems appropriate and therefore the applicant hereby authorizes the release of all police and other records and information at this or at any time by any person to the Council, provided such information is received and discussed ~~Aln Camera~~ and otherwise remains confidential, unless the applicant requests otherwise in writing. The applicant understands that if requested by the Chief of Police, record and information will remain confidential.

In consideration of the issuance of the licence within the subject matter of this application, the undersigned (jointly and severally, if more than one) covenants and agrees to indemnify and save harmless the Township of Scugog, its Heirs, Executors, Administrators, Successors and Assigns with the respect to damages and expenses howsoever arising either directly or indirectly from the issuance of such licence and the carrying on of the Business, Project or other activity for which such licence is issued.

In the matter of By-Law # 135-05 and amendments thereto, for regulating the issuance, renewal and approval of licences in the Township of Scugog in the Regional Municipality of Durham:

I,	_____ of the _____
In the _____	_____

Do Solemnly Declare that:

1. I am (circle one) The Applicant/A Partner/Other

In this application and, as such, have knowledge of the facts set forth.

2. The statements contained in this application are, from my knowledge, true.
3. This application discloses all facts known to me that are relevant thereto.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me:

At the _____	on the _____	day of _____
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Name of Applicant _____	Signature _____
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OFFICE USE ONLY:

Your Approvals:

D.R.H.D.	BUILDING	FIRE
PLANNING	M.L.E.O	D.R.P.S.

Does this application comply with all the By-laws and Regulations within your jurisdiction of your department?

Y: _____	N: _____	Date: _____	Signature: _____
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Comments: _____