



SALVAGE YARD LICENCE APPLICATION

Full Name:	
Home Address (including Postal Code):	Phone

Business Corporate Name [including Name(s) operating as]	
Business Address (including Postal Code):	Business Phone
Address of Head Office [(If different from above) including Postal Code]	
Has a person been convicted of an offence related to the salvage yard business, to an offence related to the protection of the environment, to an offence related to fire safety or to an offence related to public health? <input type="checkbox"/> NO <input type="checkbox"/> Yes If yes, provide details on separate Sheet.	
Has the Salvage Yard been subject to any order or an order related to the environment, fire safety, a health hazard, in the previous 12 months? <input type="checkbox"/> NO <input type="checkbox"/> Yes If yes, provide details on separate Sheet.	

- **IF THE APPLICANT IS PART OF A PARTNERSHIP OR A CORPORATION, PLEASE COMPLETE THE APPROPRIATE SECTION ON THE REVERSE.**
- **ENSURE THAT ALL DOCUMENTS REQUIRED ON THE REVERSE ARE INCLUDED WITH THIS APPLICATION.**
- **INCLUDE THE LICENCE FEE OF \$250.00, PAYABLE TO THE TOWN OF AJAX.**

Description of Salvage being purchased or sold:

I solemnly declare that to the best of my knowledge, the above information is true and complete in all respects. I have read and will comply with provisions in the Town of Ajax By-law to govern, regulate and licence Salvage Yards.

Personal information contained on this form is collected under the Municipal Act, and will be used for the purpose of making a determination of the application and maintaining a business record upon acceptance. Questions about the collection of data should be directed the Record's Manager and FOI Co-ordinator, at 65 Harwood Avenue South, Ajax, Ontario L1S 2H9. 905.619.2529, ext. 3343.

Signature of Applicant

Approved by	Date	Fee Paid
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Required Submissions

CURRENT HWIN GENERATOR NUMBER(S) FOR WASTE STEAMS

- **COMMERCIAL GENERAL LIABILITY INSURANCE , SUBJECT TO LIMITS NOT LESS THAN \$2,000,000.00 WHICH SHALL NAME THE TOWN AS AN ADDITIONAL INSURED, AND IS IN A FORM ACCEPTABLE TO THE TOWN'S FINANCE DEPARTMENT**

- **IF A PARTNERSHIP, INCLUDE A STATUTORY DECLARATION STATING:**

The full name of every partner and the address of his ordinary residence, and that the persons named are the only members of the partnership.

The name or names of the business.

The mailing address of the Partnership.

The date of the declaration, which is not more than 30 days before the date of the application

- **IF A CORPORATION, INCLUDE A COPY OF THE ARTICLES OF INCORPORATION AND A STATUTORY DECLARATION STATING:**

The full name of every shareholder and the address of his ordinary residence, and that the persons named are the only shareholders of the corporation

The name or names of the business

The mailing address of the corporation

The date of the declaration, which is not more than 30 days before the date of the application

- **CRIMINAL INFORMATION REQUEST FORM, IF REQUIRED BY THE OFFICER**
from Durham Regional Police Services

- **EVIDENCE OF THE OWNERSHIP OF OR RIGHT TO CARRY ON THE OPERATION ON THE PREMISES WHERE THE SALVAGE YARD IS TO BE LOCATED, IF REQUIRED BY THE OFFICER**