

SALE OF CONSUMER FIREWORKS APPLICATION

THE APPLICATION PROCESS

This package contains the necessary application to apply for the **Sale of Consumer Fireworks** licence in the City of Vaughan (the City). To apply, persons must submit a completed application and pay the applicable fee as listed at vaughan.ca/BusinessLicensing, as amended. For more information, contact us:

By-law and Compliance, Licensing and Permit Services Department, City of Vaughan

Vaughan City Hall, 2141 Major Mackenzie Dr., 1st floor, Vaughan, ON, L6A 1T1

Phone: 905-832-2281 | Email: bylaw.licensing@vaughan.ca

Website: <u>vaughan.ca/BusinessLicensing</u>

Hours: Monday to Friday, 8:30 am to 4:30 pm, except for statutory holidays

How to apply

Applicants and licensees have four options for submitting new or renewal licence applications:

- Licensing Portal where you can apply online for and renew many licences, posted at vaughan.ca/BusinessLicensing. Note, you will not be required to complete this form if you apply using the portal.
- 2. Mail to the By-law and Compliance, Licensing and Permit Services Department.
- **3. Drop off** to drop-boxes located at the entrances of Vaughan City Hall, with the enveloped marked, "Attn: By-law and Compliance, Licensing and Permit Services".
- **4. By e-mail** to bylaw.licensing@vaughan.ca, along with scanned copies of required documentation, and an e-mail indicating a contact phone number for staff to collect payment.

Who can submit the application and appoint an authorized agent

As per the table below, the following persons can submit an application. Note that an "authorized agent" may submit the application, provided that the person is given authorization through this application or separate submission of the Authorized Agent Form at vaughan.ca/BusinessLicensing.

Applicant	Persons who can:
	1. submit the application; and
	2. who have the authority to appoint an authorized agent through submission of
	this form or the Authorized Agent Form
Sole proprietorship	The sole proprietor
Partnership	A partner
Corporation	An officer or director

THE APPLICATION

Section 1 – Licence type Please check the box below to confirm the licence you are applying for.				
☐ I am applying for a licence to sell Consumer Fireworks in the City of Vaughan.				
Section 2 – Applicant information Please complete this mandatory section with respect to the applicant				
Registered business name (as per Articles of Incorporation or Master Business Licence)	Type of applicant ☐ Sole proprietor ☐ Partnership ☐ Corporation			
Operating business name (if different than registered business name)				
Name of person submitting the application (first and last name)				
Relationship to applicant Sole Proprietor Partner in the partnership Officer in a Corporation Director in a Corporation Authorized agent				
Position of person submitting the application				
Information about your business				
New business (dd/mm/yy) Existing business starting operation in Vaughan Anticipated start date of operation (dd/mm/yy)		operation		
Business address				
Business address (street no, street name)		Unit		
City	Province			
Country	Postal code/ zip code			
Business telephone number	Alternative telephone nu	ımber		

Email address		
Mailing address (if different from above)		
Address (street no, street name)		Unit
Address (street no, street name)		Offic
City	Province	
City	Trovince	
Country	Postal code/ zip cod	10
Country	Postal code/ zip cod	ie.
Address of Sale of Consumer Fireworks		
Where would you like to sell consumer fireworks?		
•		
At the Business Address listed above		
☐ At the Mailing Address listed above		
Other address, listed below:		T
Address (street no, street name)		Unit
City	Province	Postal code
City Vaughan	Province Ontario	Postal code
Vaughan	Ontario	Postal code
Vaughan Description of the Location Where Fireworks Would I	Ontario Be Sold	Postal code
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What will the Authorized Agent do on behalf of the applicant? Select all activities that apply.				
		to inquiries with respect to the licence, permit or application		
	•	with respect to the licence, permit or application		
	•	permit or application		
	Other, as described	• •		
	otrici, as acscribed	nere.		
	ction 5 – Required do	tation must be submitted with your application.		
Ite		Description		
	eck the box below	The description is based on the Licensing By-law, as amended, as listed at		
	ou have included	www.vaughan.ca/bylaw in the By-law Library.		
	e item.			
Re	quired for all busines			
	Canadian	Canadian government-issued identification which demonstrates the applicant is at		
	Government-	least 18 years of age and eligible to work in Canada; this is required for all directors		
	Issued	and officers in a corporation, partners in a partnership and sole proprietors. This		
	Identification	may be one or several pieces of identification.		
	Business	Business Registration Documents (e.g., Master Business Licence, Certificate of		
	Registration	Registration, franchise agreement, partnership agreement, or articles of		
	Documents	incorporation; if the business' legal and operating name are different, both the		
		Master Business Licence and Articles of Incorporation are required)		
	Zoning Search for	A Zoning Search for Municipal Licence Clearance must be completed for all		
	the Municipal	stationary businesses located in the City of Vaughan prior to applying for a licence,		
	<u>Licence Clearance</u>	issued within the previous 365 days. For more information or to make an		
		application online through the Online Services Portal, please visit the following web		
		address:		
	Authorizod Acout	vaughan.ca/services/business/zoning services/Pages/zoning searches.aspx		
	Authorized Agent Identification	If the applicant would like to appoint an Authorized Agent, Section 3 must be completed and one piece of Canadian government-issued photo identification for		
		the Authorized Agent must be submitted.		
	(if applicable)	the Authorized Agent must be submitted.		
	Safety Awareness	Safety Awareness Workshop Certificate from Vaughan Fire and Rescue Services.		
	Workshop	For more information, contact Vaughan Fire and Rescue Service at 905-832-8531		
	Certificate from	ext. 6325 or visit:		
	Vaughan Fire	https://www.vaughan.ca/services/residential/licensing and permits/Pages/Firewo		
	Services	rks.aspx		
Se	ction 6 – Declaration			
By signing below, the applicant (or the applicant through the authorized agent) certifies that:				
1) The information contained in this application, attached schedules, attached plans and specifications,				
,		ned documentation is true and accurate to the best of the applicant's knowledge.		
2)		orized agent has the authority to bind the applicant.		

The applicant acknowledges that the application may contain "personal information" as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is required pursuant to the provisions of the Municipal Act. It will be used by the City of Vaughan to process this application, for administration of this licence and to ensure compliance with all applicable statutes, regulations and by-laws. Questions about this collection should be directed to the Chief Licensing Officer, By-law and Compliance, Licensing and Permit Services, City of Vaughan, 2141 Major Mackenzie Drive West, Vaughan, Ontario L6A 1T1, telephone number (905) 832-2281.

The applicant further agrees that any false information may result in refusal to issue, suspension,

Signature of <u>at least one</u> of the applicant(s), such as the sole proprietor, partners, officers or directors. Note that only those applicants whose names and signatures are submitted below, will be authorized to manage the licence. If there are more than five applicants to be listed, you can include their names, signatures and the date of signatures on the back of this document.

revocation or placement of conditions on any licence.

Name of applicant 1	Signature of applicant 1	Date (dd/mm/yy)		
Name of applicant 2	Signature of applicant 2	Date (dd/mm/yy)		
Name of applicant 3	Signature of applicant 3	Date (dd/mm/yy)		
Name of applicant 4	Signature of applicant 4	Date (dd/mm/yy)		
Name of applicant 5	Signature of applicant 5	Date (dd/mm/yy)		
Signature of the authorized agent (if applicable)				
Name of authorized agent	Signature of authorized agent	Date (dd/mm/yy)		

For office use only	
Reviewed by the following staff:	Date of review (dd/mm/yy)
Notes	