

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 per the Business Licensing By-law posted in the By-law Library.

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: <u>bylaw.licensing@vaughan.ca</u>

Website: vaughan.ca/BusinessLicensing

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 may 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 annivir | ng for | |
|--|--------------|-------------------------------------|-------------------|
| ☐ I am applying for a licence to sell Consumer Fire | | _ | |
| | | | |
| Section 2 – Applicant information | o the appli | cant | |
| Please complete this mandatory section with respect t | о тне аррис | | |
| Registered business name | loonee | Type of applicant | |
| (as per Articles of Incorporation or Master Business Lic | tence) | ☐ Sole proprietor | |
| | | ☐ Partnership | |
| 7 | | Corporation | |
| Operating business name (if different than registered l | business na | me) | |
| | | | |
| Name (first and last name of the sole proprietor in a so | ole propriet | orship, a partner in a part | nership or a duly |
| authorized director or officer in a corporation) | | | |
| · | | | |
| | | | |
| Information about your business | | | |
| Which status applies to your business? | | Anticipated start date of operation | |
| ☐ New business | | (dd/mm/yy) | |
| ☐ Existing business with new owner | | | |
| ☐ Existing business starting operation in Vaughan | | | |
| Address | | | |
| Address (street no, street name) | | | Unit |
| | | | |
| | | | |
| Municipality | | Province | |
| . , | | | |
| | | | |
| Country | | Postal code/ zip code | |
| | | | |
| | <u> </u> | | |
| Email address | Telephone | e number | |
| | | | |
| BA 11: 11 /15 1155 . 6 . 1 .) | | | |
| Mailing address (if different from above) | | | 11 |
| Address (street no, street name) | | | Unit |
| | | | |
| | | | |
| NA. voi aire alite. | | Duarinas | |
| Municipality | | Province | |
| | | | |
| Country | | Doctol oc de / = : | |
| Country | | Postal code/zip code | |

| Address of Sale of Cons | | | | | |
|--|--|-----------------|-------------------------|-------|------------|
| • | o sell consumer fireworks? | | | | |
| ☐ At the Business Add | ress listed above | | | | |
| ☐ At the Mailing Addre | ess listed above | | | | |
| ☐ Other address, listed | d below: | | | | |
| Address (street no, stree | et name) | | | | Unit |
| | | | | | |
| | | | | | |
| | | | | | |
| Municipality | | | Province | Pos | stal code |
| Vaughan | | | Ontario | | |
| | | | | | |
| Description of the Locat | tion Where Fireworks Would | Be Sold | | | |
| Please describe the loca | tion and facility where consu | mer firework | s would be sold: | | |
| | | | | | |
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| Section 3 – Authorized | <u> </u> | | | | |
| This section should be c | ompleted if the applicant wou | ıld like to apı | point an agent to act o | on be | ehalf on a |
| business licence or pern | nit applicant(s) or licensee(s). | | | | |
| Name of authorized age | nt (first name, last name) | | | | |
| | | | | | |
| | | | | | |
| Business telephone num | nber | Email addre | ess | | |
| | | | | | |
| | | | | | |
| | ed Agent do on behalf of the | applicant? | | | |
| Select all activities that | • • • | | | | |
| Apply for a business | licence or permit, including p | ayment | | | |
| ☐ Renew a business licence or permit, including payment | | | | | |
| \square Make and respond to inquiries with respect to the licence, permit or application | | | | | |
| □ Update information with respect to the licence, permit or application | | | | | |
| ☐ Cancel the licence, permit or application | | | | | |
| ☐ Other, as described here: | | | | | |
| · | | | | | |
| | | | | | |
| Section 5 – Required do | cuments | | | | |
| | tation must be submitted with | n your applica | ation. | | |
| Item | Description | | | | |
| | The description is based on the Licensing By-law, as amended, as listed at | | | | |
| | www.vaughan.ca/bylaw in th | _ | | | |

| Check the box below | |
|--------------------------|--|
| if you have included | |
| the item. | |
| Required 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, franchise |
| Registration | agreement, partnership agreement, or articles of incorporation; if the business' |
| Documents | 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: |
| | vaughan.ca/services/business/zoning services/Pages/zoning searches.aspx |
| ☐ Authorized Agent | If the applicant would like to appoint an Authorized Agent, Section 3 must be |
| Identification | completed and one piece of Canadian government-issued photo identification for |
| (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 | <u>rks.aspx</u> |
| Section 6 – Declaration | s |
| By signing below, the ap | oplicant (or the applicant through the authorized agent) certifies that: |
| | contained in this application, attached schedules, attached plans and specifications, |
| · | and declarate the first and are not a technique of the envilopment of the |

- and other attached documentation is true and accurate to the best of the applicant's knowledge.
- 2) The person authorized agent has the authority to bind the applicant.
- 3) 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.
- 4) The applicant further agrees that any false information may result in refusal to issue, suspension, revocation or placement of conditions on any licence.

Signature of at least one 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 two applicants to be listed, you can include their names, signatures and the date of signatures on the back of this document.

| Name of applicant 1 | Signature of applicant 1 | Date (dd/mm/yy) | | |
|---|-------------------------------|-----------------|--|--|
| | | | | |
| | | | | |
| Name of applicant 2 | Signature of applicant 2 | Date (dd/mm/yy) | | |
| | | | | |
| | | | | |
| Signature of the authorized agent (if applicable) | | | | |
| Name of authorized agent | Signature of authorized agent | Date (dd/mm/yy) | | |
| | | | | |
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| | | | | |

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