



THE CORPORATION OF THE CITY OF SAULT STE. MARIE, CITY CLERK'S DEPARTMENT
99 FOSTER DRIVE, SAULT STE. MARIE, ONTARIO P6A 5X6
PAYDAY LOAN BUSINESS LICENCE APPLICATION

1. APPLICANT

Name _____

Address _____

City _____

Postal Code _____

Date of Birth _____
Year Month Day

Phone Number _____

2. NAME OF BUSINESS _____

3. BUSINESS ADDRESS _____

4. ALL PRINCIPAL OFFICERS OR PARTNERS

Name	Address	Phone Number	Date of Birth
_____	_____	_____	_____ Yr Mo Day
_____	_____	_____	_____ Yr Mo Day

5. Have you or do you presently operate a payday loan business in this City? If so, state nature and details _____

6. State other municipalities in Ontario in which the applicant has operated a business during the year preceding the date of this application.

7. If so, has said applicant been convicted any offence under another municipalities payday loan legislation or have any provincial infractions to declare:

8. Attached hereto is –
- a. Payday loan licence held with the province of Ontario
 - b. criminal record check

9. Period of operation (licensee must comply with the Retail Business Holidays Act, R.S.O. 1980 Chapter 453 as amended):

I hereby certify that the above information is true and correct to the best of my knowledge. I authorize the City Clerk's Department or its Police Department to make such inquiries as they deem necessary to confirm the information provided above.

DATE _____

SIGNATURE _____

NOTE: PAYDAY LOAN BUSINESS licence must be POSTED in a conspicuous place and available for inspection upon request.

(for office use only)

Certificates of Approval must be attached hereto from the following departments as checked below before the licence can be issued.

*Licences require Police Department approval and confirmation of appropriate zoning with Planning.

Planning

Police Department

TYPE OF LICENCE TO BE ISSUED:

FEE (Must be paid by Cash/Debit/Cheque)

\$ _____

APPROVED BY: _____

DATE OF ISSUE: _____