

County of Brant
519-449-2451
Fax: 519-449-2454
1-888-250-2297
www.brant.ca



County Administrative Building
26 Park Ave
P.O. Box 160
Burford ON, N0E 1A0

WRECKING YARD LICENSE APPLICATION FORM

Completion Instructions

Complete all sections and attach the following to the Application Form:

1. Zoning certificate verifying that the proposed location does not contravene the Zoning By-law.
2. A copy of the business name registration, and incorporation documents or partnership registration, as applicable.
3. A cheque, payable to the County of Brant in the amount of \$275.00.

Please apply in person to the Burford Office with photo identification.

If you fill out this document electronically, please print out the form, sign it, and either send a scanned copy of the completed form through email, or deliver a hard copy of the signed form to the Burford office. The license application will be reviewed and processed at the Burford Office. You will be contacted once your license has been prepared. If you require further information please contact the licencing officer at 519-449-2451 or 1-888-250-2295 ext 2219.

Type of Business: Sole Proprietorship Partnership Corporation

Business Name: _____

Contact: _____

Property Address: _____

Mailing Address: _____

Phone: _____

Applicant's Certification

I hereby verify that the above information is complete and accurate, and that I have the power to bind the licensed business.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Personal information collected herein will be used for the purpose of licensing, regulating and by-law enforcement and will be provided to Law Enforcement personnel. Managed in accordance with the Municipal Information and Protection of Privacy Act.



Office Use Only

Date Rec'd: _____ **Amt:** _____ **Rec'd By:** _____

Business Registration Documents Attached: Yes No

Zoning Certificate Attached: Yes No

Site Inspection: Date: _____ Inspected By: _____

Fencing: Compliance Non-Compliance - Details: _____

Storage: Compliance Non-Compliance - Details: _____

Surface Treatment: Compliance Non-Compliance - Details: _____

Outstanding Orders: Yes No Details: _____

Record of Purchases Being Maintained: Yes No

Fire Inspection: Yes No **Date:** _____ **Inspected By:** _____

Details of Non-compliance: _____

Action Required: _____

Zoning Status: _____

License: Approved Denied Lic# _____ Issued By: _____

