

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

1. Contact the County Zoning Administrator at 519-442-6324 or 1-888-250-2296 to verify that the proposed location does not contravene the Zoning By-law.
2. Attach proof of zoning compliance.
3. Attach a copy of the business name registration and incorporation documents or partnership registration, as applicable.
4. Attach a cheque, payable to the County of Brant in the amount of \$283.25.
5. Apply in person to the Burford Office at the address shown above with photo identification.

If you require additional information please contact the License Administrator 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: _____

