LAKE of BAYS

- мuskoka.


## COMMERCIAL USE PERMIT

ALL commercial use on Municipal Property will require $\$ 5$ million insurance coverage, naming the Municipality as the INSURED

| DATE: | Applicant's NAME: |  |
| :---: | :---: | :---: |
| Primary Business ADDRESS: |  |  |
| Primary Address in Lake of Bays? | $\square \mathrm{YES} \quad \square \mathrm{NO}$ (applicable fees are doubled) |  |
| Requested LOCATION OF USE: |  |  |
| Requested TIME OF USE: | $\square$ DAILY: (Date-MM/DDMM |  |
|  | $\square$ WEEKEND: (Weekend Dates) |  |
|  | $\square$ WEEKLY: (Dates of requested weeks) |  |
|  | $\square$ SEASON: (Start \& Completion Dates) |  |
| Company / Vendor / Organization: |  |  |
| Main Contact Person(s): |  |  |
| Mailing Address: |  |  |
| WORK / MOBILE phone number: |  |  |
| HOME phone number: |  |  |
| EMAIL: |  |  |
| Check all REQUIRED items that apply to your Commercial Use PERMIT: |  |  |
| Boat Docking / Vehicle Parking | $\square$ Dimensions and proposed locations |  |
| Boat Tours | $\square$ Dimensions and proposed locations |  |
| Advertising Sign(s) | $\square$ Specifications and proposed locations |  |
| Food/Merchandise Vendors | $\square$ Proposed locations, water/hydro, and refuse disposal |  |
| OTHER | $\square$ Dimensions and proposed locations |  |

VENDOR'S PERMIT (required items refer to Vendor's and Licencing By-law 99-60)
REQUIRED items that will apply after receiving Council Approval:

| Hawker \& Peddler Licence | $\square$ Vending location \& description |
| :---: | :--- |
|  | $\square$ Liability insurance |
|  | $\square$ Copy of Simcoe Muskoka District Health Unit inspection |
| Refreshment Vehicle Licence | $\square$ Copy of Licenced Propane fitter inspection |
|  | $\square$ Refuse handling for customers |
|  | $\square$ Photo of vehicle / trailer / boat / cart |
| Specify other relevant information |  |
| METHOD OF PAYMENT: | CASH $\square$ CHEQUE $\square$ DEBIT $\square$ E-TRANSFER <br> (further instructions available from staff or www.lakeofbays.on.ca) |

## PERMIT APPLICATION

## APPLICANT ACKNOWLEDGEMENT

I, the applicant, and/or representative for the company/vendor/organization listed as
the applicant, have read and agree to abide by the conditions detailed in the
Township of Lake of Bays Commercial Use of Municipal Property Agreement.

Signature:
Date:

| OFFICE USE ONLY |  |  |  |
| :---: | :---: | :---: | :---: |
| APPLICATION FEE |  |  |  |
| FEE TYPE | AMOUNT |  | TIMELINE |
| $\square$ APPLICATION FEE | \$200 (non-refundable) |  | Paid at the time of application |
| APPLICATION FEE received by: |  | DATE Received: | ( written / date stamp here ) |
| Payment Type: | $\square$ CASH $\square$ CHEQUE $\square$ DEBIT $\square$ E-TRANSER |  |  |
| USER FEE |  |  |  |
| FEE TYPE | AMOUNT |  | TIMELINE |
|  | RESIDENT | NON-RESIDENT |  |
| $\square$ DAILY | \$50 | \$100 | Paid upon receiving Council approval. <br> Must be received prior to issuing PERMIT. |
| $\square$ WEEKEND | \$125 | \$250 |  |
| $\square$ WEEKLY | \$275 | \$650 |  |
| $\square$ MONTHLY | \$975 | \$1950 |  |
| $\square$ SEASON | \$3500 | \$7000 |  |
| USER FEE received by: |  | DATE Received: | ( written / date stamp here ) |
| Payment Type: | $\square$ CASH $\square$ CHEQUE $\square$ DEBIT $\square$-TRANSFER |  |  |
| PERMIT REQUIREMENTS MET? $\square$ YES $\square$ NO |  |  |  |
| $\square$ Site Map $\square$ Health INSP $\square$ Propane INSP $\square$ Insurance $\square$ Desc. of Goods |  |  |  |
| PERMIT ISSUED TO APPLICANT? $\square$ YES $\square$ NO |  |  |  |

ATTACHED TO APPLICATION: $\square$ Site Plan - \# of pages
$\square$ Photos - \# of photos
$\qquad$
$\square$ Other - $\qquad$

## Site Plan

\&

## Photos of Vessel / Vehicle / Vendor Cart

(attach additional page(s) as necessary)
Please note: If submitting the form electronically using the 'Submit Form' button below, you may attach additional pages to your application.

