Newmarket

Application for Newspaper Box License

Date Received:	Date Issued:

A. Newspaper Boxes

☐ New ☐ Renewal

B. Application Requirements

The following original documents must be included with this application for each proposed location:

☐ Certificate of general liability insurance in the amount of two million dollars ($2,000,000) naming the Town of Newmarket as an additional insured **(please photocopy for file**)

☐ List of locations where newspaper box(es) are to be installed.

☐ Fee

C. Addresses of Proposed Locations

☐ Check for More than 6 locations (Complete Additional Locations Sheet)

1)	# of Bins	4)	# of Bins
2)	# of Bins	5)	# of Bins
3)	# of Bins	6)	# of Bins

D. Business information

Last name:	First name:	Company:	
Street address:		Unit number:	Lot/con:
Municipality:	Postal code:	Province:	E-mail:
Telephone number: ( )	Fax ( )	Cell number ( )	

D. Business Contacts

Last name:	First name:	Company:	
Street address:		Unit number:	Lot/con:
Municipality:	Postal code:	Province:	E-mail:
Telephone number: ( )	Fax ( )	Cell number ( )	

E. Declaration of Applicant

I_____certify that:
(print name)

By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any license that may be issued.

_____ _____
Date Signature of Applicant

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of the *Municipal Act* and will be used by the Town of Newmarket to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

OFFICE USE ONLY

Date:		Approved by:
Newspaper Boxes: $_____ x _____	Total: $	Account number: 13121.7751.01

Legislative Services
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