FORM 2 (UPDATE 2014)

(Sections 4.0, 5.0, 6.0)

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. APPLICANT’S DATE OF BIRTH (IF 18 OR UNDER): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. APPLICANT’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. APPLICANT’S BAND NUMBER (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. IF A PARTNERSHIP/CORPORATION (If different from Applicant)
   1. NAME OF COMPANY PROPOSED AS LICENSEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. MAILING ADDRESS OF COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. PHONE NUMBER OF APPLICANT: Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. FAX NUMBER: Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. EMAIL OF APPLICANT/BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEBSITE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. NAME OF BUSINESS TO BE LICENSED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. ADDRESS OF BUSINESS TO BE LICENSED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. NAME OF INDIVIDUAL IN CHARGE AT THIS LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. TITLE OF INDIVIDUAL IN CHARGE AT THIS LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. TYPE OF BUSINESS (Please describe product(s) and/or services)
14. HAVE YOU PREVIOUSLY HAD A BUSINESS LICENSE FROM THIS FIRST NATION: YES\_\_\_\_\_ NO \_\_\_\_
15. ARE YOU PRESENTLY REGISTERED WITH CRA OR A SELF-REGULATING PROFESSIONAL BODY WITH RESPECT TO THE OPERATION OF YOUR BUSINESS: YES\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    1. If YES, please provide proof and give details below i.e. copy of business permit, etc.)
16. ARE YOU BONDED WITH A BONDING AGENCY WITH RESPECT TO THE OPERATION OF YOUR BUSINESS (if applicable: YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_
    1. If YES, please provide proof and give details below
17. ARE YOU A FOOD SERVICE, OR FOOD VENDOR: YES \_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    1. If YES, please provide proof Food Handler Certification, Public Health Inspection Certificate, etc. and give details below
18. THE APPLICANT MUST PROVIDE PROOF OF INSURANCE, AND PROVIDE A COPY FOR THE FIRST NATION’S FILES OF ALL DOCUMENTS NOTED ABOVE.
    1. INSURANCE CERTIFICATE (ALL BUSINESSES)
    2. BUSINESS REGISTRATION
    3. BONDED CERTIFICATE
    4. PUBLIC HEALTH INSPECTION CERTIFICATE & FOOD HANDLERS CERTIFICATE
    5. OTHER

**DISCLAIMER: *The Chippewas of Kettle & Stony Point First Nation is not responsible for any injury, illness, loss of life, property damage or theft that may occur while operating a business or entity within the First Nation territory. The signing of this waiver exempts the Chippewas of Kettle & Stony Point First Nation of any legal and liability obligations with respect to the aforementioned business operation, its owners and operators, and its goods or services.***

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**