



Township of Essa
SUPPLEMENTAL SALVAGE YARD APPLICATION FORM

Registered Name of Business _____
 Applicant Name _____
 Contact Information Telephone: _____ Cell: _____
 Business Phone Number: _____ Fax: _____
 Email: _____ Website: _____

Owner Information
If not the applicant

Name of Property Owner _____
 Mailing Address _____
 Contact Information Telephone: _____ Cell: _____

- Attachments to be provided with the application:
- A copy of the license of for both the applicant and for the premises under the *Highway Traffic Act*
 - A copy of the lease with the owner of the premises, if the applicant is other than the owner
 - Essa Fire Department Approval
 - Nottawasaga Valley Conservation Authority Letter of Compliance
 - Approval from the Health Unit
 - Current site plan

I, _____, of the _____ of _____, do hereby confirm that I am aware of and accept the conditions set out with respect to the issuance of this license and agree to the terms of the license and of By-law 2011-20, of the Township of Essa, concerning the business licensed herewith. I further hereby indemnify and save harmless the Township of Essa, its Committees and employees, for any and all claims arising out of the business activity authorized by this license.

Dated this _____ day of _____, _____.

 Signature of Applicant

 Issuer of Licenses

 Signature of Property Owner