

This application is to be completed by those persons wishing to obtain a Horse Riding Establishment Licence. Completing this application does not guarantee that a licence will be issued. Please ensure that all information on this form is completed and legible.

Applicant Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>	Unit No.	<input type="text"/>
City	<input type="text"/>	Province	Choose your province
Postal Code	<input type="text"/>		
Telephone No.	<input type="text"/>	Bus. Phone No.	<input type="text"/>
Extension	<input type="text"/>		
Cellular No.	<input type="text"/>	Email Address	<input type="text"/>

Business Details

Trade or Business Name	<input type="text"/>
Address (if different from above)	<input type="text"/>
Unit No.	<input type="text"/>
City	<input type="text"/>
Province	<input type="text"/>
Postal Code	<input type="text"/>
Telephone No.	<input type="text"/>
Bus. Phone No.	<input type="text"/>
Extension	<input type="text"/>
Cellular No.	<input type="text"/>
Email Address	<input type="text"/>

Attachments

Copy of proof of ownership or copy of lease/written agreement from property manager.

Fee

Horse Riding Establishment Licence Fee - \$273.00

Late Fee (if applicable) - \$65.00

Declaration

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief. False or deceptive statements herein may result in the non-issuance or cancellation of the licence. Personal information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of processing this application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.

Date Fee (as per rates above) Receipt No.

Applicant's Name (please print)

Position (please print)

Signature

A brief outline of the number of horses and estimated number of lesson participants.

A brief outline of how sickness, disease or injuries to horses will be handled at the horse riding establishment.

A brief outline of how falls and potential injuries to lesson participants will be handled at the horse riding establishment.

Any other information you would like to provide.

Office Use Only

Zoning

☐ **Approved**

☐ **Denied**

Date

By

Clerk's Office

☐ **Approved**

☐ **Denied**

Date

By