

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							
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:			E-m	E-mail:		
Telephone number:	Fax			Cell number			
D. Business Contacts							
Last name: First name:			Company:				
Street address:					Unit number:	Lot/con:	
Municipality:	Pos	tal code:	Province:	E-m	E-mail:		
Telephone number:	lephone number: Fax				Cell number		
E. Declaration of Applicant							
Icertify that:							
(print name)							
By signing this application the	Owner/Appl	icant agrees that all	information	provided	is true. The Owner/Ap	plicant further	
agrees that any false information						'	
Date Signature of Applicant							
This application may contain personal information as defined under the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . The information collected is required pursuant to the terms of the <i>Municipal Act</i> 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				