

City of Greater Sudbury • Licensing/Compliance – Enforcement Services  
P.O. Box 5000, STN A • 280 Brady Street • Sudbury, ON P3A 5P3

☎: 3-1-1 • ☎: 705-674-4433 ext 2469/2320 • Fax: 705-671-0871

|                                     |           |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | Zoning    |
| <input checked="" type="checkbox"/> | Police    |
| <input type="checkbox"/>            | Health    |
| <input type="checkbox"/>            | Fire      |
| <input type="checkbox"/>            | Building  |
| <input type="checkbox"/>            | C of Q    |
| <input type="checkbox"/>            | WSIB      |
| <input type="checkbox"/>            | Liability |
| <input type="checkbox"/>            | Other     |

## APPLICATION FOR BUSINESS LICENCE

### TO BE COMPLETED BY ALL APPLICANTS

This is an application for (check one)

- ☐ New Business  
☐ Renewal of Business  
☒ Change of Ownership (New Application)  
☐ Change of Name: Previous Name \_\_\_\_\_  
☐ Change of Address: Previous Address \_\_\_\_\_

### BUSINESS INFORMATION

NAME OF BUSINESS MC Services

TYPE OF BUSINESS, TRADE OR OCCUPATION (check all applicable)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Auctioneer<br><input type="checkbox"/> Building Renovator<br><input type="checkbox"/> Chimney Repairer<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Drainlayer/Septic Tank Installer<br><input type="checkbox"/> Gold Purchaser<br><input type="checkbox"/> Hawker/Pedlar, Class 1 - Day Sales<br><input type="checkbox"/> Hawker/Pedlar, Class 2 - Temporary Sales<br><input type="checkbox"/> Hawker/Pedlar, Class 3 - Door-to-Door Sales<br><input type="checkbox"/> Hawker/Pedlar, Class 4 - Door-to-Door Salesperson<br><input type="checkbox"/> Hawker/Pedlar, Class 5 - Antique & Collectible Shows<br><input type="checkbox"/> Hawker/Pedlar, Class 6 - Craft Show<br><input type="checkbox"/> Hawker/Pedlar, Class 7 - Trade Show<br><input type="checkbox"/> Hawker/Pedlar, Class 8 - General<br><input type="checkbox"/> Heating Contractor<br><input type="checkbox"/> Kennel<br><input type="checkbox"/> Master Steam & Hot Water Heating Installer<br><input type="checkbox"/> Master Warm Air Heating Installer<br><input type="checkbox"/> Home Occupation (type) _____<br><input type="checkbox"/> Insulation Installer | <input type="checkbox"/> Midways<br><input type="checkbox"/> Mobile Home Park<br><input type="checkbox"/> Mobile Sign Dealer<br><input type="checkbox"/> Motor Vehicle Racing/Motorcycle Racing<br><input type="checkbox"/> Place of Amusement, Circus and Midway<br><input type="checkbox"/> Place of Amusement, except Circuses & Midways<br><input type="checkbox"/> Public Presentation, Movie & Live Theatre<br><input type="checkbox"/> Plumbing Contractor<br><input type="checkbox"/> Master Plumber<br><input checked="" type="checkbox"/> Public Hall (seating capacity over 100)<br><input type="checkbox"/> Public Presentation, except Movie & Live Theatre<br><input type="checkbox"/> Retail Sales of Cigars, Cigarettes & Tobacco<br><input type="checkbox"/> Shooting Galleries and Ranges<br><input type="checkbox"/> Sign Painter<br><input type="checkbox"/> Special Sales<br><input type="checkbox"/> Street Sale Permit \$248.48<br><input type="checkbox"/> Tourist Camp<br><input type="checkbox"/> Travel Trailer Park<br><input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**BUSINESS INFORMATION (Cont'd)**

Address of Location to be Registered (Number &amp; Street, Town/City, Postal Code)

131 Regent St Sudbury Ontario P3C-4C1

Mailing Address (if different than above)

P.O. Box 1452 Sudbury Ontario P3E-5K4

Telephone Number

705-561-9725

Fax Number

705-621-1255

E-mail Address

guy-carpenter@hotmail.com

Internet Address

Length of Time Operated Business at Said Location

Location of Other Branches in the City of Greater Sudbury

**STREET SALE PERMIT**

Location on Municipal Sidewalk or Municipal Property – Attach map of specified location

Type of Permit

**TYPE OF APPLICANT**

- Individual - Complete Section A
- Partnership-Limited-Complete Section B
- Partnership-General - Complete Section B
- Corporation - Complete Section C
- Other - Complete Section D

**SECTION A - INDIVIDUAL**

Full Legal Name

Applicant's Title

Home Address (Number, Street and Town/City, Postal Code)

Mailing Address (if different than above)

Telephone Number

Fax Number

E-Mail Address

Internet Address

**SECTION B**  
**PARTNERSHIPS (To be completed by those operating as Partnerships)**

**NAME AND RESIDENCE ADDRESS OF EACH PARTNER**

Full Legal Name

*Guy Carpentier*

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

Full Legal Name

*Michael Carpentier*

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

Full Legal Name

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

ATTACH AN ADDITIONAL SHEET IF NECESSARY

# SECTION D

OTHER (To be completed by those operating as another type of business entity)

Complete Name of Business Entity

Address of Head Office (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-Mail Address

Internet Address

## LIST OF THOSE PERSONS AUTHORIZED TO LEGALLY BIND THE BUSINESS ENTITY

Name

Guy Carpenter

Title

Owner

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

Name

Michael Carpenter

Title

Owner

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

Name

Title

Address (Number and Street)

City, Province, Postal Code

Telephone Number

Fax Number

E-mail Address

Internet Address

ATTACH AN ADDITIONAL SHEET IF NECESSARY

#### ADDITIONAL INFORMATION

Have you ever had a licence or registration cancelled, suspended or revoked in any other municipality in Ontario or other Province? ☐ YES ☒ NO

#### NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information and confidential third party information is being collected by the City of Greater Sudbury under the authority of the *Municipal Act, 2001* and will be used, maintained and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.

Information collected on this form will be used directly and indirectly for the following purposes:

- 1) To determine the eligibility of the applicant for business registration or licensing.
- 2) Information submitted by applicants may be shared with officials of the City of Greater Sudbury, the Greater Sudbury Police Services and/or the Sudbury and District Health Unit who are assisting the Issuer of Licences.

Any questions or concerns pertaining to the collection and disclosure of information can be directed to: Legislative Compliance Co-ordinator, Office of the City Clerk, 2nd Floor, Tom Davies Square, 200 Brady Street, Sudbury, Ontario P3A 5P3; ☎: 3-1-1; ☎: Long distance 705-671-2489; Fax: 705-671-8118

## ACKNOWLEDGMENT AND CONSENT

The applicant(s) signed this application on the 10<sup>TH</sup> day of February, 2015 and certifies that all information and statements made herein and supporting schedules and documentation are accurate and complete, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with law.

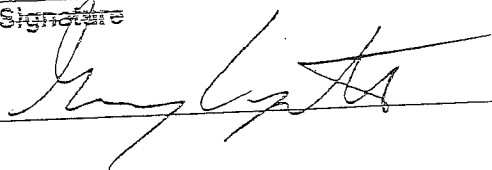
I/We acknowledge that I/we are eighteen (18) years of age or older.

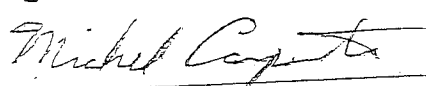
I/We have read and understand the above **NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** and consent to the indirect collection of personal information by the City of Greater Sudbury and consent to the use and disclosure of such personal information as described in the above **NOTICE**.

I/We also acknowledge that employees of the City of Greater Sudbury, the Greater Sudbury Police Service and/or the Sudbury and District Health Unit or their authorized representatives may enter the subject business during hours of normal operation in order to conduct inspections and monitor facility operations to verify compliance with the City's by-laws and regulations.

IF A CORPORATION, PRESIDENT AND ONE DULY AUTHORIZED OFFICER MUST SIGN  
IF A LIMITED LIABILITY PARTNERSHIP, ALL MEMBERS MUST SIGN  
IF A PARTNERSHIP, ALL PARTNERS MUST SIGN  
IF A SOLE PROPRIETORSHIP, THE OWNER MUST SIGN

ATTACH AN ADDITIONAL SHEET IF NECESSARY

|                                                                                                  |                |
|--------------------------------------------------------------------------------------------------|----------------|
| Signature<br> | Title<br>owner |
|--------------------------------------------------------------------------------------------------|----------------|

|                                                                                                  |                |
|--------------------------------------------------------------------------------------------------|----------------|
| Signature<br> | Title<br>owner |
|--------------------------------------------------------------------------------------------------|----------------|

|           |       |
|-----------|-------|
| Signature | Title |
|-----------|-------|

|           |       |
|-----------|-------|
| Signature | Title |
|-----------|-------|

LICENSE APPLICATION  
FOR  
DEPARTMENT APPROVAL

V#13627  
BUILDING DEPT.  
883320.

131 REGENT SUDBURY, ON, CANADA P3E 5K4  
ADDRESS

PHONE

NAME OF BUSINESS MC SERVICES

OWNER'S NAME GUY CARPENTIER

OWNER'S ADDRESS  
PUBLIC HALL (OVER 100 PEOPLE)

LICENSE APPLIED FOR

DATE OF APPLICATION 13/Feb/2015

ZONING

NEW

☒

RENEWAL

TRANSFER

THIS IS NOT A LICENSE. It is an offence to operate a business without a license. No license shall be issued until all the requirements of all City Departments have been completed. The requirements of this Department are:

*I* OK w/in parameters of bus. license  
*by law.*

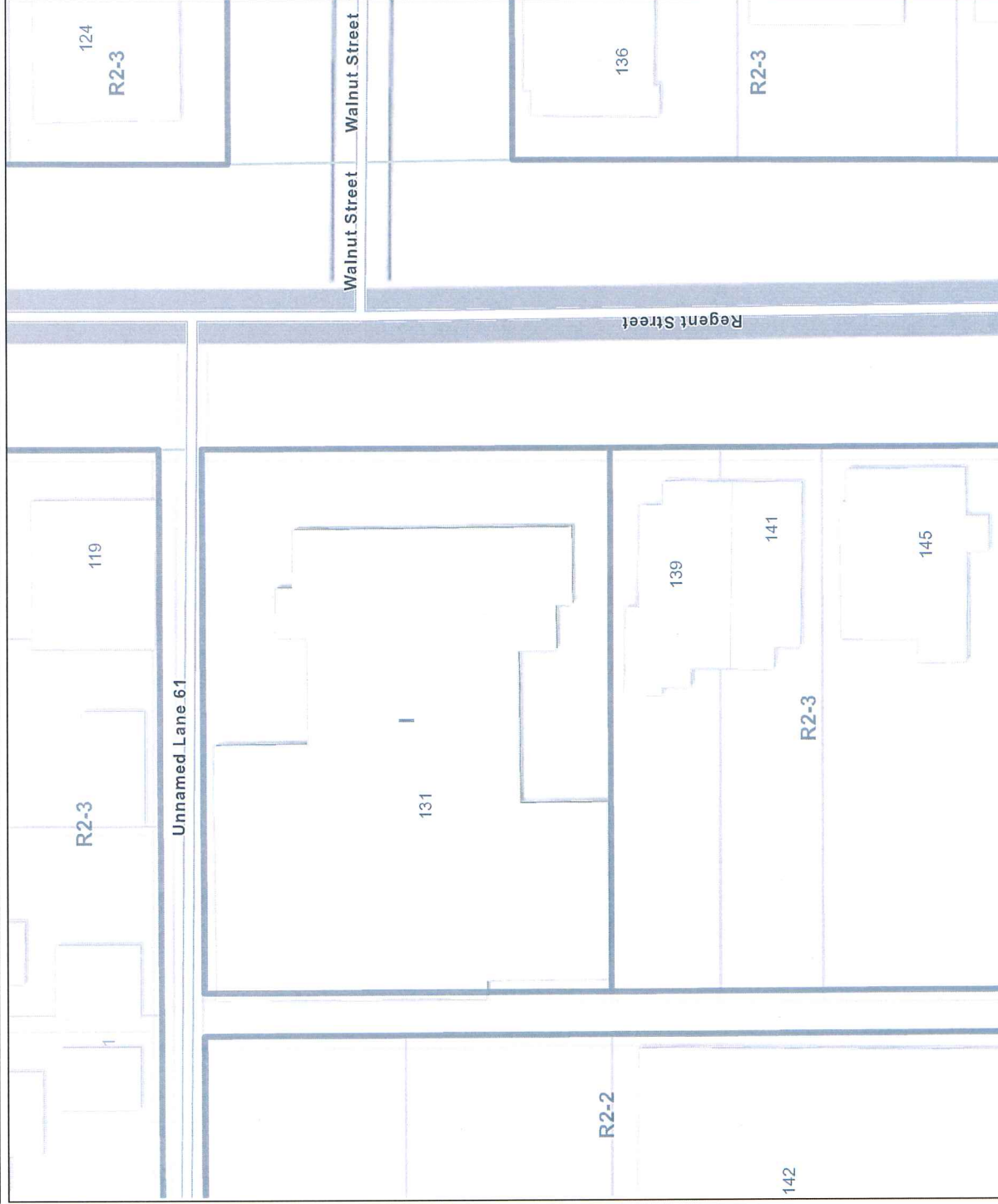
DATE OF APPROVAL

DATE OF INSPECTION

*Feb. 18/15*

Signature of Applicant

Signature of Inspector



31.7 0 15.87 31.7 Meters

This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.

Scale 1: 625

THIS MAP IS NOT TO BE USED FOR NAVIGATION

## Legend

### Road Segment

Private, UC - Under construction

Private, PRP - Proposed

Private, OPN - Open

OPN - Open; Local, OPN - Open; Provincial Highw

Open; Ramp, OPN - Open

Local, UC - Under construction

Local, PRP - Proposed

Local, CLS - Closed

### Airport Surface (AHR1-2)

AHR1

AHR2

### Temporary Zoning

### Zoning

Primary Address

Primary Building Roofline

Out Building Roofline

Parcel Owners

Parcel PIN

Flood Plain

Flood Fringe and Cond. Dev. A-G

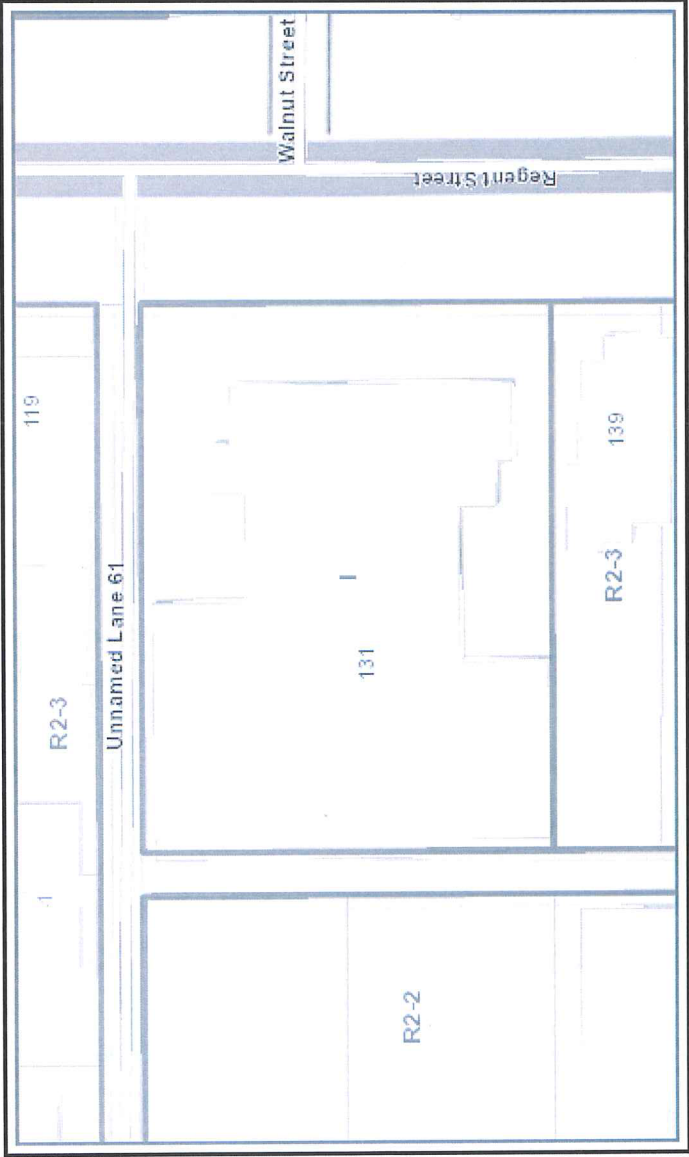
Flood Plain, Floodway and Cond. Dev. H

## Notes

131 Regent Street



CGS Parcel Detail Report



| Parcel Details    |                   |
|-------------------|-------------------|
| Roll :            | 530704000307500   |
| Local Address :   | 131 REGENT ST     |
| Mailing Address : | [REDACTED]        |
| Owner 1 :         | CARPENTER MICHAEL |
| Owner 2 :         | CARPENTER GUY     |
| Owner 3 :         |                   |

Not for Distribution

Legal Description :

MCKIM CON 3 LOT 7 PLAN 8S LOT 59 LOT 60 INST 30617 INST 40826 IRREG 12196.00SF 100.00FR 120.00D

PENDING  
HEALTH DEPT.

LICENSE APPLICATION  
FOR  
DEPARTMENT APPROVAL

ADDRESS 131 REGENT SUDBURY, ON, CANADA P3E 5K4 PHONE [REDACTED]  
NAME OF BUSINESS MC SERVICES  
OWNER'S NAME GUY CARPENTIER  
OWNER'S ADDRESS [REDACTED]  
PUBLIC HALL (OVER 100 PEOPLE)  
LICENSE APPLIED FOR

DATE OF APPLICATION 19/Feb/2015  
NEW ☒ RENEWAL ☐ TRANSFER ☐

THIS IS NOT A LICENSE. It is an offence to operate a business without a license. No license shall be issued until all the requirements of all City Departments have been completed. The requirements of this Department are:

DATE OF APPROVAL  DATE OF INSPECTION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Inspector

PENDING

FIRE DEPT.

LICENSE APPLICATION  
FOR  
DEPARTMENT APPROVAL

ADDRESS 131 REGENT SUDBURY, ON, CANADA P3E 5K4 PHONE [REDACTED]

NAME OF BUSINESS MC SERVICES

OWNER'S NAME GUY CARPENTIER

OWNER'S ADDRESS [REDACTED]  
PUBLIC HALL (OVER 100 PEOPLE)

LICENSE APPLIED FOR

DATE OF APPLICATION 19/Feb/2015

NEW ☒ RENEWAL ☐ TRANSFER ☐

THIS IS NOT A LICENSE. It is an offence to operate a business without a license. No license shall be issued until all the requirements of all City Departments have been completed. The requirements of this Department are:

[Empty lines for requirements]

DATE OF APPROVAL DATE OF INSPECTION

Signature of Applicant

Signature of Inspector

**CSIO****CERTIFICATE OF LIABILITY INSURANCE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

|                                                  |                                            |
|--------------------------------------------------|--------------------------------------------|
| 1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS | 2. INSURED'S FULL NAME AND MAILING ADDRESS |
| To Whom It May Concern                           | Guy Carpentier                             |
|                                                  | Box 1452                                   |
| POSTAL CODE                                      | Sudbury, ON                                |
|                                                  | POSTAL CODE PSE 5K5                        |

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)  
Operations include Hail Rents!

## 4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

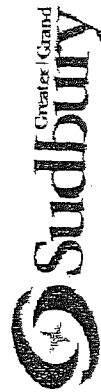
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

| TYPE OF INSURANCE                                                                                | INSURANCE COMPANY AND POLICY NUMBER | EFFECTIVE Date<br>YYYY/MM/DD | EXPIRY Date<br>YYYY/MM/DD | LIMITS OF LIABILITY<br>(Canadian dollars unless indicated otherwise)  |      |                     |
|--------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|---------------------------|-----------------------------------------------------------------------|------|---------------------|
|                                                                                                  |                                     |                              |                           | COVERAGE                                                              | DED. | AMOUNT OF INSURANCE |
| COMMERCIAL GENERAL LIABILITY                                                                     | Intact Insurance                    | 14/10/02                     | 15/10/02                  | COMMERCIAL GENERAL LIABILITY                                          |      |                     |
| <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE                      |                                     |                              |                           | BODILY INJURY AND PROPERTY DAMAGE LIABILITY                           | 1000 | 2000000             |
| <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS                                  |                                     |                              |                           | - GENERAL AGGREGATE                                                   |      |                     |
| <input type="checkbox"/> EMPLOYER'S LIABILITY                                                    |                                     |                              |                           | - EACH OCCURRENCE                                                     | 1000 | 2000000             |
| <input type="checkbox"/> CROSS LIABILITY                                                         |                                     |                              |                           | PRODUCTS AND COMPLETED OPERATIONS AGGREGATE                           | 1000 | 2000000             |
| <input type="checkbox"/> TENANTS LEGAL LIABILITY                                                 |                                     |                              |                           | <input checked="" type="checkbox"/> PERSONAL INJURY LIABILITY         | 1000 | 2000000             |
| <input type="checkbox"/> POLLUTION LIABILITY EXTENSION                                           |                                     |                              |                           | OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY |      |                     |
| <input type="checkbox"/> NON-OWNED AUTOMOBILES                                                   |                                     |                              |                           | MEDICAL PAYMENTS                                                      |      |                     |
| <input type="checkbox"/> HIRED AUTOMOBILES                                                       |                                     |                              |                           | TENANTS LEGAL LIABILITY                                               |      |                     |
| AUTOMOBILE LIABILITY                                                                             |                                     |                              |                           | POLLUTION LIABILITY EXTENSION                                         |      |                     |
| <input type="checkbox"/> DESCRIBED AUTOMOBILES                                                   |                                     |                              |                           | NON-OWNED AUTOMOBILE                                                  |      |                     |
| <input type="checkbox"/> ALL OWNED AUTOMOBILES                                                   |                                     |                              |                           | BODILY INJURY AND PROPERTY DAMAGE COMBINED                            |      |                     |
| <input type="checkbox"/> LEASED AUTOMOBILES                                                      |                                     |                              |                           | BODILY INJURY (PER PERSON)                                            |      |                     |
| * ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE |                                     |                              |                           | BODILY INJURY (PER ACCIDENT)                                          |      |                     |
| EXCESS LIABILITY                                                                                 |                                     |                              |                           | PROPERTY DAMAGE                                                       |      |                     |
| <input type="checkbox"/> UMBRELLA FORM                                                           |                                     |                              |                           | EACH OCCURRENCE                                                       |      |                     |
| <input type="checkbox"/>                                                                         |                                     |                              |                           | AGGREGATE                                                             |      |                     |
| OTHER LIABILITY (SPECIFY)                                                                        | Intact Insurance                    | 14/10/02                     | 15/10/02                  | Rented Equipment                                                      | 1000 | 100000              |
| <input checked="" type="checkbox"/>                                                              |                                     |                              |                           |                                                                       |      |                     |
| <input type="checkbox"/>                                                                         |                                     |                              |                           |                                                                       |      |                     |
| <input type="checkbox"/>                                                                         |                                     |                              |                           |                                                                       |      |                     |

## 5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

|                                                      |                                                                                                                  |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 6. BROKER/AGENCY FULL NAME AND MAILING ADDRESS       | 7. ADDITIONAL INSURED NAME AND MAILING ADDRESS<br>(but only with respect to the operations of the Named Insured) |
| DG Dunbar Insurance                                  |                                                                                                                  |
| 255 Queens Ave., Suite 1050                          |                                                                                                                  |
| London, ON                                           | POSTAL CODE N6A 5R8                                                                                              |
| BROKER CLIENT ID: CARPGU1                            | POSTAL CODE                                                                                                      |
| 8. CERTIFICATE AUTHORIZATION                         |                                                                                                                  |
| ISSUER DG Dunbar Insurance Broker Ltd                | CONTACT NUMBER(S)                                                                                                |
| 255 Queens Avenue, Suite 1050                        | TYPE NO.                                                                                                         |
| One London Place                                     | TYPE NO.                                                                                                         |
| London, Ontario, N6A 5R8                             | TYPE NO.                                                                                                         |
| AUTHORIZED REPRESENTATIVE Derek Anderson             | DATE 15/02/18                                                                                                    |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE Scott Riddell | EMAIL ADDRESS danderson@dgdunbar.com                                                                             |



I, Jenessa Gabelle HAVE RECEIVED, REVIEWED AND RETURNED Guy Carpenter POLICE RECORD CHECK  
(BY-LAW & LICENSING STAFF) (APPLICANT)

BUSINESS

DATED 19 March 5, 2015 LOTTERY TAXI

Jenessa Gabelle  
(SIGNATURE & DATE)