



MOHAWKS OF THE BAY OF QUINTE

KENHTEKE KANIENKEHA

COMMUNITY SERVICES

Lower Level 1658 York Rd., Tyendinaga Mohawk Territory, ON K0K 1X0

Phone 613-967-3616 Fax 613-967-6251

Policy for the Issuance of Business Registrations on the Tyendinaga Mohawk Territory

Application for Business Registration

Applicant's Name _____

Applicant's Band Number _____

Applicant's Residential Civic Address _____

Applicant's Mailing Address _____

Applicant's Residential Phone Number _____

Name of Business _____

Address of Business _____

Business Phone/Fax/Email _____

Type/Nature of Business (as indicated on Schedule 1) _____

Evidence of Compliance under Schedule 1 – ATTACHMENTS

Business will operate:

Circle one - Year Round or from _____ (month) to _____ (month)

Days/Hours of Operation _____

Is this an application for a New Business Yes No

If no, please state previous Permit Number _____

Please state the type of business ownership: ie. Sole proprietorship, partnership, corporation. Attach a list of names and addresses of partners or shareholders and proof of incorporation or partnership including division of ownership.

Is this business regulated by a federal statute or self-governing body? Yes or No
If yes, please attach proof of qualifications and/or membership.



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Preliminary Environmental Screening

Depending upon the scope of the project, further information to satisfy relevant environmental legislation may be required.

<p>PROJECT Include summary of work to be completed both before business begins and work to be done on premises as part of business operations.</p>	
<p>PROPONENT Include all business owners and/or management staff to be involved in day to day operations</p>	
<p>START & COMPLETION DATES For initial construction and start date for regular business operations</p>	
PROJECT DESCRIPTION	
<p>Location – please include site map and detail existing characteristics and features</p>	
<p>Adjacent Land Use – please detail land use of the immediate area (within 100 ft) including bodies of water and flood plains</p>	
<p>Do you plan to remove any trees?</p>	
<p>Please detail your servicing needs for hydro, phone or gas.</p>	
<p>Please detail your plan for disposal of waste including hazardous, non-hazardous and recyclable, including estimated volume.</p>	
<p>Will your construction or business operation affect the air quality?</p>	
<p>Please detail expected traffic including customers or clients, pick-ups and deliveries and include high traffic times or days.</p>	



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THIS PROJECT IS DEEMED TO BE EXCLUDED FROM THE REQUIREMENT FOR AN ENVIRONMENTAL ASSESSMENT FOR THE FOLLOWING REASON:

- It involves the proposed maintenance or repair of an existing physical structure
- It involved the proposed expansion or modification of an existing building, including its fixed structures, that will not increase the footprint or height of the building by more than 10%, and will not be carried out within 30 metres of a water body and involve the likely release of a polluting substance into that water body.

REVIEWED BY MBQ STAFF

- Project may proceed
- Project may not proceed for the following reasons:

- Project recommended for the public consultation
- Project Recommended for full CEAA Environmental Screening Report

Approved _____ (MBQ Staff) Date _____

FIRE INSPECTION COMPLETED

Approved _____ (MBQ Staff) Date _____

BUSINESS OWNER _____ DATE _____

RECOMMENDED BY _____ (EDO) DATE _____

APPROVED _____ (CAO) DATE _____

MOTION # _____