



BUSINESS LICENCE APPLICATION

COMPANY INFORMATION

Business Name _____

Business Civic Address _____

Contact Name _____

Description/Type of Business _____

Website Address _____ Email Address _____

BUSINESS MAILING ADDRESS AND INFORMATION

Mailing Address _____ Phone _____

_____ Cell _____

Owner Name _____ Fax _____

FOOD/LIQUOR SERVICES ONLY

Liquor licenced: Yes or No Licence No. _____

Health Inspection: Please attach copy of Inspection Report

OTHER INFORMATION

Is the above Business Location currently under construction and/or renovation? Yes or No

Fire Safety Inspection: Please attach copy of Inspection Report.

Name of Applicant: _____ Signature of Applicant: _____
(Please Print)

Date: _____

FOR OFFICE USE ONLY (where applicable)	
Customer Code:	Business Type:
Folio No:	Zoning: Use is permitted:
Accommodation Services Only:	Number of Units:
Restaurants/Cafes Only:	Number of Seats:
	Sign Bylaw:
Approvals:	
Building Inspector	Fire Department:
Health Dept.	
Liquor Control Br:	Expiry Date:
Licence Inspector:	Date of Approval: