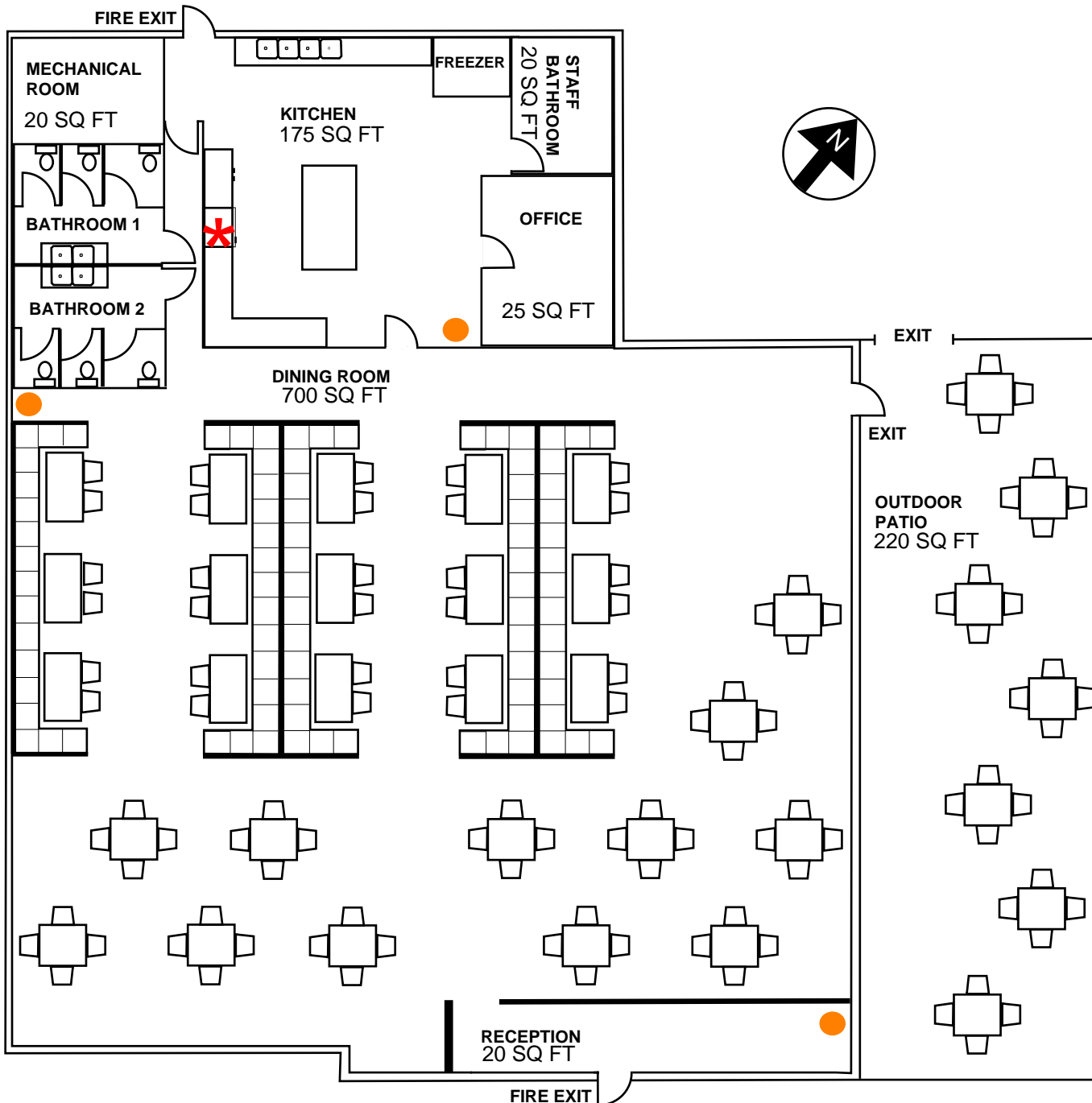


FLOOR PLAN BUSINESS NAME AND ADDRESS



Floor Plan Information Requirements

CONTACT NAME: _____ BETY SMITH _____

A) BUSINESS NAME: _____ BETTY'S DINNER _____

B) BUSINESS ADDRESS

_____ 1234 RESTO ST, CORNWALL ON, K6H 1A1 _____

C) TYPE OF BUSINESS: (choose one)

- Food Services
- Salesperson
- Personal Services
- Amusement Place
- Automotive

D) NUMBER OF SEATS _____ 136 _____

G) LOCATION OF FIRE EXITS

H) LOCATION OF FIRE EXTINGUISHER _____ ● _____

H) NUMBER OF BATHROOM STALLS _____

I) NORTH ARROW

J) _____ 1180 SQ FT (GROSS LEASABLE FLOOR AREA)

K) SQ FT (GROSS LEASABLE FLOOR AREA BREAKDOWN)
(SEE DRAWING)

L) IS THERE A FIRE ALARM SYSTEM PRESENT **YES**/ NO

M) IS THE BUILDING SPRINKLERED **YES**/ NO

N) LOCATION OF FIRE EXTINGUISHERS _____ * _____

N) FOR KITCHENS, IDENTIFY THE LOCATION OF ANY KITCHEN HOOD AND/OR SUSPENSION SYSTEMS. PROVIDE NAME, TYPE AND SERIAL # OF ALL KITCHEN HOOD AND SUSPENSION SYSTEMS.

_____ HOOD 1000, TYPE, SERIAL # 99554 _____

For all questions relating to the Floor Plan Requirements please contact
businesslicense@cornwall.ca

