



Eastern Ontario
Health Unit
Bureau de santé
de l'est de l'Ontario

BUSINESS LICENSE FORM

(To be completed as a condition for City of Cornwall licensing)

PLEASE COMPLETE THIS FORM AND CONTACT THE EASTERN ONTARIO HEALTH UNIT (EOHU) AT THE NUMBER BELOW FOR AN APPOINTMENT TO REVIEW AND TO HAVE THIS FORM SIGNED.

The person named below has advised the EOHU of an application for a business license with the City of Cornwall, for an establishment requiring an inspection by the EOHU.

Name : _____

Address: _____

Telephone: _____

NAME OF BUSINESS: _____

TYPE(S) OF BUSINESS AND LICENSES REQUESTED:

Location: _____

APPLICANT

Signature : _____

Name printed: _____ Date : _____

EASTERN ONTARIO HEALTH UNIT

Signature : _____

Name printed: _____ Date: _____

EASTERN ONTARIO HEALTH UNIT
1000 PITT STREET
CORNWALL, ON K6J 1Y8
TEL: (613) 933-1375 OR 1 800 267-7120

THE EOHU MUST BE CONTACTED ONCE THE ESTABLISHMENT IS OPERATIONAL.

This form is valid for 90 days after date of signing.