



**DEPARTMENT OF PLANNING, PARKS & RECREATION
BUILDING AND BY-LAW DIVISION**

100 Water Street East, 2nd Floor, Cornwall ON K6H 6G4
Phone (613) 930-2787 Ext # 2225 Fax (613) 932-3236

INITIAL BUSINESS LICENSE APPLICATION

Business Name	
Business Address <i>(Address, City, Postal Code)</i>	
Business Phone # ()	Fax Phone # ()
E-mail Address	
Type of Business <input type="checkbox"/> Letter Attached	

Provide a brief description regarding the nature of your business:

Name of Owner	Sole Proprietor <input type="checkbox"/>	Incorporated <input type="checkbox"/>
Address of Owner <i>(Address, City, Postal Code)</i>		
E-mail Address	Phone # ()	Phone # ()

Name of Co-owner		
Address of Owner(s) <i>(Address, City, Postal Code)</i>		
E-mail Address	Phone # ()	Phone # ()

Registered Owner of Property – Name	
Address of Owner(s) <i>(Address, City, Postal Code)</i>	
E-mail Address	Phone # ()

The undersigned hereby applies for a license as described above and agrees to comply with all By-laws and regulations of the Corporation of the City of Cornwall and other applicable governmental requirements. A license is issued subject to the condition that the holder of the license indemnifies and saves harmless the Corporation and the employees, contractors and agents of the Corporation from all loss, damage, legal action, costs and expenses arising from the carrying on of the business, trade, calling or occupation for which the license was issued.

Commencing business prior to approval of this application is an offence under the City of Cornwall Licensing By-law # 111-1998

Date _____

Signature _____

APPROVAL INSPECTIONS

In order to obtain the necessary approval inspections, please contact
BUILDING & BY-LAW, CITY OF CORNWALL (613) 930-2787

INSPECTIONS REQUIRED	SIGNATURE	DATE	EXTENSION #
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> By-law <input type="checkbox"/> Zoning			2310
<input type="checkbox"/> Fire			2311
<input type="checkbox"/> Police			(613) 933-5000 #2401
<input type="checkbox"/> Hydro			1-800-369-7535
<input type="checkbox"/> Eastern Ontario Health Unit			e-mail info@eohu.ca Fax: 613-933-7930 Web: https://eohu.ca/en/my-community
<input type="checkbox"/> Electrical Safety Authority			1-877-372-7233
<input type="checkbox"/> Other			

NOTE: Before calling for your inspections, please ensure that you are set up for business.

OFFICE USE ONLY

Initial Fee \$ _____ Late Fee \$ _____

Notes _____

Application Date Received _____ Received by _____