



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

100 Water Street East, 2<sup>nd</sup> 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 <span style="float: right;"><input type="checkbox"/> Letter Attached</span>	

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**

<b>INSPECTIONS REQUIRED</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>EXTENSION #</b>
<input type="checkbox"/> By-law <input type="checkbox"/> Zoning			2615
<input type="checkbox"/> Building			2310
<input type="checkbox"/> Plumbing			2343
<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			(613) 933-1375
<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 \_\_\_\_\_