



**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 | | | (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 _____