

Application for a Business Licence

TYPE OF BUSIN	NESS:				
NAME OF BUSI	NESS:			_	
LOCATION OF I	BUSINES	S:			
		(Address)			
		Peterborough,			
			(Postal Code)	(Business Telephone Number)	
APPLICANT(S):					
	(Name)				
	(Address)				
	(City)		(Province)	(Postal Code)	
	(Home or Mobile Phone Number) (Email Address)				
	Business Number (as issued by the Canada Revenue Agency), if applicable OR				
	Business Red	aistration Number (as iss	ued by the Ministry of Government	Services), if applicable	
 A copy of the Master Business Licence issued by the Province of Ontario must be attached, if applicable. A copy of the site plan, if applicable. 					
I hereby apply for a business licence in respect of the above-described business, and acknowledge that I must comply with all applicable municipal by-laws and regulations in the operation of such business.					
Signature of Applicant: Date:					
For Office Use Only:					
INSPECTIONS TO BE COMPLETED BEFORE LICENCE IS ISSUED					
		Recommended	Not recommended	DATE	
PLUMBING/MECHANICAL - ZONING -					
		(Signature)	(Signature)		
		(Signature)	(Signature)		
HEALTH —		(Signature)	(Signature)		
FIRE		(Signature)	(Signature)		

Personal information on this form is collected under the authority of the *Municipal Act*, Section 11, and the City of Peterborough Business Licensing By-law, and will be used to licence, regulate and govern businesses and ensure compliance with all laws and regulations. Questions about the collection of this information should be made to the City Clerk, City of Peterborough, 500 George Street North, Peterborough, Ontario K9H 3R9, Telephone: 705-742-7777 ext 1820.

APPLICATION NUMBER: _____