

Business Licence Application

Fax	Postal Code: <: ne Number: Postal Code:
Telephon	ne Number:
Telephon	ne Number:
Province:	
Province:	
	Postal Code:
Cost	
\$140	
\$140	
\$205	
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Date: _	
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FOR OFFICE USE ONLY

Date of Payment:	Roll #
Date Zoning Approval Received from Co	orporate:
Approval From Building Department:	
Approval From Fire Department:	
Date Faxed to Board of Health:	
(Fax #519-539-6206)	
Licence # Issued:	
Date Sent to Corporate:	
Date Mailed:	
Copy circulated to the following departm	ients:
Building	
□ Fire	
□ Assessment Office	
Development Commissioner	