



## BUSINESS LICENSE APPLICATION

License Category(s), please indicate category: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

Fee, please select category:

1st Category \_\_\_\_\_ 2nd Category \_\_\_\_\_ 3rd Category \_\_\_\_\_

### A. BUSINESS AND APPLICANT INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_

Previous use of the building: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_

Partners: \_\_\_\_\_

Previous businesses (last 5 years): \_\_\_\_\_

### B. GENERAL APPLICATION REQUIREMENTS

**You may be required to submit any or all of the below with this application**

Do you have the following? Please indicate yes or no.

Valid Public Liability Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Valid Food Handler Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

Valid Police Check: Criminal Yes \_\_\_\_\_ No \_\_\_\_\_ Vulnerable Sector Yes \_\_\_\_ No \_\_\_\_

(Where applicable under Schedule C of the business license by-law).

Valid Driver's License: Yes \_\_\_\_\_ No \_\_\_\_\_

Valid Vehicle Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

**C. PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES**

Zoning Dept.: 519-740-4650, 50 Dickson Street, 3<sup>rd</sup> Floor, Cambridge, ON

planning@cambridge.ca

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Dept.: 519-621-6001, 1625 Bishop Street, Cambridge, ON

fire@cambridge.ca

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Dept.: 519- 740-4650, 50 Dickson Street, 3<sup>rd</sup> Floor, Cambridge, ON

Planning @cambridge.ca

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Dept.: 519-575-4400 99 Regina Street S, Waterloo, ON

publichealth@regionofwaterloo.ca

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Dept.: 519-653-7700, 176 Hespeler Road, Cambridge, ON

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information is accurate and complete and understand that any false or incomplete information may invalidate my application and any permission, approval or permit I have been granted.

Incomplete application forms will not be accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this application is collected pursuant to the Municipal Act, S.O., 2001, C25 Section 150-162 and the city of Cambridge business licensing by-law and will be used for the purpose of issuing business Licenses. Questions about this collection should be directed to the Licensing Office of Human Resources and Legislative Services/City Clerk, 50 Dickson Street, second floor, Cambridge, Ontario, N1R 5W8 or phone 519-740-4680, ext. 4581.