



## 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: \_\_\_\_\_

Building 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: \_\_\_\_\_

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.



**For Office Use Only:**  
Property zoning \_\_\_\_\_

**Required Additional Information**

Development & Infrastructure Planning, City of Cambridge  
50 Dickson St, 3<sup>rd</sup> Floor, Cambridge

Phone: (519) 740-4650 ext. 0

Where is the business located?
What type of business is proposed?
What are you selling?
Does your business require customer parking?
Are you making or assembling products?
Are you repairing or selling motor vehicles? How many Vehicles are you selling?

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

Applicant's signature \_\_\_\_\_

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