



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, 3rd Floor, Cambridge, ON

planning@cambridge.ca

Signature: _____ Date: _____

Building Dept.: 519- 740-4650, 50 Dickson Street, 3rd 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, 3rd 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: _____