



BUSINESS LICENSE APPLICATION

A. BUSINESS AND APPLICANT INFORMATION

Date of Application: _____ Proposed Opening Date: _____

Type of Business: _____

Additional Services Being Offered: _____

Operating Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____

Email: _____

Circle One: Sole Proprietorship Partnership Incorporated (Corporate Number)

Owner Name(s)/Corp Name: _____

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.

Master Business License or Business Name Registration: Yes _____ No _____

Articles of Incorporation: Yes _____ No _____

Valid Public Liability Insurance: Yes _____ No _____

Valid Photo ID: Yes _____ No _____

Valid Police Check (if applicable): Yes _____ No _____

C. PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES (if required)

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: _____

The following departments will be contacted internally for their approval (if required)

- Planning
- Building

Incomplete applications will not be accepted.

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.

Signature: _____ Date: _____

Personal information contained on this application is collected pursuant to the Municipal Act, 2001, S.O., 2001, c. 25 and the city of Cambridge Business Licensing By-law and will be used for the purpose of determining eligibility and issuance of business licenses. Questions about this collection should be directed to the Office of the City Clerk, 50 Dickson Street, second floor, Cambridge, Ontario, N1R 5W8 or phone 519-740-4680.