



# BUSINESS LICENSE APPLICATION

NEW BUSINESS

1560 Laurier St.  
Rockland, Ontario K4K 1P7  
Tel: 613-446-6022 / Fax: 613-446-1497

APPLICATION FEE	\$50.00	
CHANGE OF NAME	\$25.00	
CHANGE OF ADDRESS	\$25.00	
CHANGE OF OWNERSHIP	\$25.00	

Business Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Description of Type of Business: \_\_\_\_\_

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

Is the Bldg. Fully Built? \_\_\_\_\_

Contact Name: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Building Owner (Name & Address): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Outstanding Permits/Orders: \_\_\_\_\_

Articles of Incorporation(must be attached if applicable) Yes: \_\_\_\_\_

Insurance (must be attached if applicable) Yes: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Partnership  YES  NO List of names of all partners: \_\_\_\_\_

Are you planning to erect a sign?  Yes  No  
(If yes, please fill out and submit the Sign Permit Application that is attached to this form.)

**IN THE MATTER** of By-law 2006-62 and amendments thereto, for regulating the issuance, renewal and approval of licences in the Corporation of the City of Clarence-Rockland,

I \_\_\_\_\_ solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

## FOR OFFICE USE ONLY

Fee Collected: \_\_\_\_\_ Received by: \_\_\_\_\_

	Date Tasked	Approved	Not Approved	Re-Submitted	Approved	Not Approved
Zoning						
Buildings						
Property Standards						
Health						
Fire						

Comments: \_\_\_\_\_  
\_\_\_\_\_

Processing Fee: _____	Business Category: _____	Reference #
License Fee: _____	Total: _____	

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

Sticker given: \_\_\_\_\_ Issued Date: \_\_\_\_\_