



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: _____