



Business License Application

Reference #

Processing Fee: _____

License Fee: _____ Total: _____

License Category: _____

New Business Name: _____ Business Phone #: _____

Business Address: _____ Is the Bldg. Fully Built?: _____

Contact Name: _____ Hours of Operation: _____

Mailing Address (if different from above): _____

Applicant's Name: _____

Home Address: _____ Home Phone #: _____

Same use? (ie: Restaurant/P. Garage): _____

Previous Business (Name if applicable): _____

No 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: _____

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						
Police						

Issued by: _____ Date: _____

Sticker given: _____ Date: _____

Information collected on this form is collected pursuant to S. 210(1), (5) and (11) of the Municipal Act, R.S.O. 1990, c.m,45, as amended, and is necessary to process a business license application. For MFIPPA inquiries, call 580-2424, 21898. For Business License inquiries, call 580-2424, 12735 or, write to: City of Ottawa, By-law and Regulatory Services, 735 Industrial Avenue, 2nd Floor, Ottawa ON K1G 5J1, Mail Code 04-22.