

Business Licence Inspection/ Clearance Form

Name of Approving Department Niagara Region Public Health and Emergency Services		
Address 1815 Sir Isaac Brock Way	City Thorold	Postal Code L2V 4T7
Re: City of St. Catharines Business Licence Application		
Name of Establishment		
Address	City St. Catharines	Postal Code
<input type="checkbox"/> Department has no objections to the use of this facility as a licensed premises under the City of St. Catharines Licencing By-Law 2005-318, as amended. <input type="checkbox"/> Department has no objections to the use of this facility as a licensed premises under the City of St. Catharines Licensing By-law 2011-173, as amended, following compliance with the identified requirements. Note conditions below or appropriate attachments. <input type="checkbox"/> See attached letter.		
<input type="checkbox"/> See Attachment		
Name of Approving Official (Please Print)	Title of Approving Official	Date
Signature of Approving Official	Telephone Number	Fax Number