



Supplementary Declaration for Business Licence	
FOR OFFICE USE ONLY	
Business Licence:	
Shared Location:	
Change in Use:	

Business Name:	Property Owner:
Location Address:	Property Manager:
Phone:	Store Manager:

Yes/No
 Y/N Has the business premises undergone any building, plumbing or electrical alterations in the past 10 years?
 Y/N Will the proposed business be undertaking any building alterations?
 Y/N Will the proposed business be undertaking any plumbing alterations?
 Y/N Will the proposed business be undertaking any electrical alterations?
 Y/N Will the business be located within a Multi-Unit Warehouse complex?

HAZARDOUS MATERIALS - Will the proposed business store, handle and/or produce any of the following:			
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USE - Will the proposed business require, use, produce, or process any of the following:			
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSTRUCTION/ ALTERATIONS - Will the proposed business construct, alter or use any of the following:			
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE SAFETY EQUIPMENT - Are the following forms of life safety serviced and up to date?			
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION
 I HEREBY DECLARE THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE AND UNDERSTAND THAT THE CITY IS RELYING ON THIS DECLARATION IN REVIEWING MY BUSINESS LICENCE APPLICATION. I FURTHER ACKNOWLEDGE AND AGREE THAT THIS APPLICATION MAY BE REFUSED, AND A BUSINESS LICENCE ISSUED ON THE BASIS OF THIS DECLARATION MAY BE SUSPENDED OR CANCELLED, IF THERE ARE ERRORS, OMISSIONS, INACCURACIES OR MISREPRESENTATIONS IN THE INFORMATION PROVIDED IN THIS DECLARATION.

Signature:	Name:
Date:	Phone: