



CITY OF PORT COLBORNE
BUSINESS LICENCE APPLICATION – LODGING HOUSE
BY-LAW NO. 4323/159/02

Lodging House Name:	Licence Year
Lodging House Address & Postal Code:	Bus. Phone:
Owner's Name:	Owner's Phone:
Owner's Address & Postal Code:	

I hereby agree to observe and comply with all regulations set out in By-Law No. 4323/159/02 and any amendments made thereto, which pertain to the Licence for which I have made this application.

DATE: _____ SIGNATURE: _____

Please complete the following section and submit applicable payment:

New Licence _____ Renewal _____ Transfer _____

Beds for: 1 – 10 persons \$5.00

11 – 25 persons \$15.00 Fee Paid: \$ _____

25 or more persons \$25.00 Date Paid: _____

Exact Number of Guest Rooms: _____

AGENCY	APPROVAL	DATE	SIGNATURE
Regional Public Health Department			
Fire Department			
Planning & Development			
Chief Building Official			

C: Council