



**Development Services Department  
Licensing & Enforcement Division**

**Application for Hairstylist License (Mobile)**

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 2001, as amended, and will be used to determine eligibility to be licensed for business within the City of Thunder Bay. Where applicable, personal information on this form may be disclosed for approval to the Thunder Bay Fire Services and the Thunder Bay District Health Unit. Questions about this collection should be directed to the Manager – Licensing & Enforcement Division, Development Services Department, Second Floor, Victoriaville Civic Centre, 111 Syndicate Avenue South, Thunder Bay, Ontario, P7C 5K4, Telephone: (807) 625-2710.

**PART 1 TO BE COMPLETED BY APPLICANT \$250.00 Application Fee  
\$ 67.80 Fire Inspection Fee= \$317.80**

Business Name:	
Business Address:	POSTAL CODE
Business Owner(s) Name:	
Business Owner(s) Address:	POSTAL CODE
Applicant's Name:	
Applicant's Address:	POSTAL CODE
Date of Birth of Applicant: _____ / _____ / _____ MONTH DAY YEAR	
TELEPHONE Res:	Business:
E-mail	Cellular No.:

Name of Institution/College Certificate Obtained From: \_\_\_\_\_

Certificate of Qualification Number: \_\_\_\_\_

**NOTE: Every Applicant must be a Hairstylist, who holds a Certificate of Qualification under the Regulations of the *Apprenticeship and Certification Act, 1998*, or employ a Hairstylist so qualified.**

**DISCLAIMER**

The undersigned acknowledges that the issuance of a License is not confirmation that the licensed person, premises or operation conforms with any City By-law and that the City of Thunder Bay reserves its rights to enforce any such by-law notwithstanding the issuance of this License and its right to revoke, suspend or add conditions to this License for any reason, including without limitation, such violations. It shall be the sole responsibility of the undersigned to ensure compliance with such By-laws and the City of Thunder Bay shall have no liability in respect of or arising out of any violation thereof or any steps taken with respect to this License therefore.

\_\_\_\_\_

Date Signature of Applicant

**PLEASE SEE NEXT PAGE OF APPLICATION...**

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**NOTE TO INSPECTION AGENCIES:**

Please be advised that the Licensing & Enforcement Division will accept an inspection having been performed, notably the most recent, within a year of this Application. Depending on the situation, you can deny or allow for a license with conditions. Please check your records for any outstanding orders, deficiencies, etc., as you may wish to impose special conditions on the license.

**PART 2 TO BE COMPLETED BY MEDICAL OFFICER OF HEALTH**

**For Appointment, please telephone: 625-5900**

I CERTIFY that I have inspected, or caused to be inspected, the premises in which this application is made and have found that such premises complies with the Sanitary and Health requirements of all Municipal, Provincial and Federal regulations governing same.

Objection

No Objection

Special Conditions/Objections if applicable, which will form part of the License:

Comments:

\_\_\_\_\_

(Additional comments? Attach to Application)

\_\_\_\_\_ Date(License Approved/Denied)

\_\_\_\_\_ Medical Officer of Health (or Designate)

**PART 3 TO BE COMPLETED BY LICENSING & ENFORCEMENT**

I CERTIFY that I have reviewed the application.

Approved

Denied

Special Conditions/Objections if applicable, which will form part of the License:

Comments:

\_\_\_\_\_

\_\_\_\_\_

License Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Licensing & Enforcement (or Designate)

**Please forward the completed application, any supporting documents along with appropriate fee (if required) to: Licensing & Enforcement Division, Development Services Department, Second Floor, Victoriaville Civic Centre, 111 Syndicate Avenue South, Thunder Bay, Ontario, P7C 5K4, Telephone: (807) 625-2710.**