

Development Services Department Licensing & Enforcement Division

Application for Lodging House License

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 APP	PLICANT \$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:/_	/
TELEPHONE Res:	Business:
E-mail	Cellular No.:
Is this application for a newly constructed If yes, please indicate Building Permit No	
By-law and that the City of Thunder Bay reserves its rights to revoke, suspend or add conditions to this License for any reaundersigned to ensure compliance with such By-laws and the thereof or any steps taken with respect to this License thereof	
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 FIRE SE	RVICES	
For Appointment, please telephone: 625-2103		
I CERTIFY that I have reviewed the application.		
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)	Fire Chief (or Designate)	
Date (License Approved/Demed)	The Chief (of Designate)	
PART 3 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	h will form part of the License:	
Comments:		
(Additional comments? Attach to Application)		
Date(License Approved/Denied)	Medical Officer of Health (or Designate)	

PLEASE SEE NEXT PAGE OF APPLICATION...



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	PART 5 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	
	DateSignature	

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.