



**Development Services Department  
Licensing & Enforcement Division**

**Application for Licence – Plumbing Contractor**

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990, 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 Thunder Bay Building Services for inspections, Thunder Bay Fire Department and the Thunder Bay District Health Unit. Questions about this collection should be directed to the Manager – Licensing & Enforcement, Second Floor, Victoriaville Civic Centre, 111 Syndicate Avenue S., Thunder Bay, Ontario, P7C 5K4, Telephone: (807) 625-2710

**PART 1 (to be completed by Applicant) Application Fee \$250.00**

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

The following is to be completed if Applicant is not a resident and does not have a place of business in the City of Thunder Bay:

How long have you been doing business as a Plumbing Contractor? \_\_\_\_\_

Have you at any time held a business license to carry on Plumbing Contracting in the City of Thunder Bay?

Yes  No  If "yes", state when? \_\_\_\_\_

In any other Municipality? Yes  No  If "yes", state where? \_\_\_\_\_

Do you presently hold a business license to carry on Plumbing Contracting? Yes  No

If "yes", state where? \_\_\_\_\_

**NOTE: EVERY APPLICANT MUST BE A LICENCED MASTER PLUMBER, OR EMPLOY A MASTER PLUMBER ON A FULL-TIME BASIS FROM THE BUSINESS PREMISES OF THE CONTRACTOR.**

If the Applicant is not qualified, complete the following:

Name of Master Plumber \_\_\_\_\_

Address of Master Plumber \_\_\_\_\_

Telephone Number \_\_\_\_\_

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



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**DISCLAIMER**

The undersigned acknowledges that the issuance of a licence 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 licence and its right to revoke or suspend this licence 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 licence therefor.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**PART 2 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.**