



Personal Care Service Establishment
Application for Business Licence Renewal

Fee: \$100.00	Cashier Initials:	Receipt Number:
Business Name:		
Full Business Address:		
Phone:		Email:
<p>“Business Premises” shall mean any land including any and all buildings or other structures thereon or any part thereof for which an Application is or has been made for a Business Licence and which is used or intended to be used in the operation of a Business and includes any Vehicle or conveyance that is used or intended to be used in the operation of the Business.</p>		
<p>Has there been a change in the type of good/services offered by your Business since your initial application for a Business Licence?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe):		
<p>Has there been a change to the existing use of the Premises or building the past year?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe):		
<p>Did you complete any renovations to your Business Premises in the past year?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe):		
<p>Do you plan on completing any renovations to your Business Premises in the next year?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe):		

<p>Have you installed or made changes to the signage for your Business in the past year?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please describe):</p>	
<p>Has there been a change to the ownership of the Business (Sole Proprietorship, Partnership or Corporation) or to the name(s) of the Sole Proprietor, Partners or Corporate Officers in the past year?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please describe):</p>	
Documents Required upon Application for Renewal	
<p><input type="checkbox"/> Health Unit Inspection Report dated within one year of Application</p>	
Applicant Information	
Name:	Email:
Cell Phone:	Home Phone:
Applicant Address (if not same as Business):	
Applicant Declaration	
<p>I, _____, hereby acknowledge and certify:</p> <ul style="list-style-type: none"> • I have read and understand Comprehensive Business Licensing By-law 05-19 and agree to comply to the provisions • By signing this declaration, I am agreeing that no changes have been made to the Business since the initial application including but not limited to: <ul style="list-style-type: none"> - Name changes - Ownership changes - Changes to the goods/services offered - Structural changes or changes to the Business Premises • I am the Applicant or in the case of a Corporation or Partnership, I am the person who has the authority to bind the Corporation. 	
Signature:	Date:
Previous Licence Number: BL-	

Personal information on this form is collected under the authority of the Municipal Act, 2001, and the Corporation of the Municipality of Leamington Business Licensing By-law 05-19 will be used to licence, regulate and govern business and ensure compliance with all laws and regulations. Questions about the collection of this information should be made to the Clerk/Manager of Legislative Services, Municipality of Leamington, 111 Erie Street North, Leamington. Phone: 519-326-5761.