



**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

25 or more persons \$25.00

Fee Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Exact Number of Guest Rooms: \_\_\_\_\_

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

C: Council