

**THE CORPORATION OF THE CITY OF WELLAND
APPLICATION FOR 2011 BUSINESS LICENSE
NEW LICENSE RENEWAL TRANSFER**

I hereby agree to observe and comply with all Requirements of the City of Welland Licensing By-law and any Amendments made hereto, which pertain to the License for which I have made an Application.

BUSINESS	OWNER
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
POSTAL CODE:	POSTAL CODE:
PHONE:	PHONE:
DATE:	SIGNATURE:

APPLICANTS DO NOT WRITE BELOW THIS LINE

Amusement, Place of		<p style="text-align: center;">NIAGARA REGIONAL HEALTH SERVICES DEPARTMENT</p> <p>I hereby approve this License Application</p> <p style="text-align: center;">_____</p> <p>Date: _____</p>
Auctioneer		
Automobile Service Station		
Bake Shop		
Barber Shop		
Billiard Parlour		
Bowling Alley		
Car Lot		
Car Rental		
Dry Cleaning (or Depot)		<p style="text-align: center;">FIRE DEPARTMENT</p> <p>I hereby approve this License Application</p> <p style="text-align: center;">_____</p> <p>Date: _____</p>
Hairdressing Establishment		
Laundreteria		
Laundry (or Depot)		
Lodging House		
Milk Vendor		
Pawnbroker		
Peddler		
Photographer (Transient)		
Public Garage		<p>Date Approved: _____</p> <p>Licensing Officer: _____</p> <p>License No.: _____</p>
Public Hall		
Refreshment (Place of)		
Refreshment Vehicle		
Restaurant		
TOTAL FEE		