

RENEWAL APPLICATION FOR A TOBACCO SALES LICENCE City of North Bay Business Licensing By-Law 2012-225 Schedule "Q"

Business Information

Owner Information

Name Operating As (If Applicable)		Name Street Address	
City/Town		Province	Postal Code
Province	Postal Code	Telephone Number	
Telephone Number		Email Address	
Email Address			

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I/We hereby agree and understand the terms and conditions set out in By-Law 2012-225 and any amending By-Laws and will comply therewith and I understand that any non-compliance will result in the revoking of my licence without refund.

The undersigned hereby certifies that the statements herein contained in the said application are true and made with a full knowledge of the circumstances connected with the same.

Print Name:	_ Title:
Signature of Applicant:	Date:

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to determine eligibility for business licensing. Questions about this collection of personal information should be directed to the City Clerk, 200 McIntyre Street East, P.O. Box 360, North Bay, Ontario P1B 8H8 or telephone (705) 474-0626 ext. 2510