



Business Licence Inspection/ Clearance Form

Name of Approving Department Niagara Region Public Health and Emergency Services		
Address 200 Division Street	City Welland	Postal Code L3B 4A2
Re: City of Welland Business Licence Application		
Name of Establishment		
Address	City Welland	Postal Code
<input type="checkbox"/> Department has no objections to the use of this facility as a licensed premises under the City of Welland Licensing By-law 2011-173. <input type="checkbox"/> Department has no objections to the use of this facility as a licensed premises under the City of Welland Licensing By-law 2011-173 following compliance with the identified requirements. Note conditions below or appropriate attachments. <input type="checkbox"/> See attached letter.		
<input type="checkbox"/> See Attachment		
Name of Approving Official (Please Print)	Title of Approving Official	Date
Signature of Approving Official	Telephone Number 905-735-5697	Fax Number 905-735-4895