

## APPLICATION TO RENOVATE LICENSED PREMISES

**PLEASE PRINT CLEARLY**

Establishment Name:		
Licensee:		
Company <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>		
License Number(s):	Type of License(s):	
Licensee/Contact Name: (must be on file at this office)		
Civic Address (Mailing Address, if Different from civic):		
Telephone:	Fax:	E-Mail:
Expected <b>START</b> Date:	Expected <b>END</b> Date:	

**PROVIDE A DESCRIPTION OF THE PROPOSED CHANGES**


Unless otherwise advised by this office, the following documents must be submitted with this application:

- A proposed replacement floor plan, drawn to scale, including any patio or outdoor space to be licensed.
- A copy of the building permit, if applicable.

Please Note: A copy of the fire safety inspection may be required upon completion of the renovations.

Signature: \_\_\_\_\_

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