

Municipal Licensing and Standards
Carleton Grant, Executive Director

East York Civic Centre
850 Coxwell Avenue, 3rd Floor
Toronto, ON M4C 1R5

Tel: 416-392-6700
Fax: 416-392-4515
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mlsbusinesslicence@toronto.ca

APPLICATION FOR EXAMINATION – Class “A”:

Building Renovator

Chimney Repairman

Applicant's Last Name	Applicant's First Name	Application No.
Address	City	Postal Code
Phone No.	Cell No.	Date of Birth

My present Employer is: _____

Please check below the trades or occupations in which you are **qualified** or wish to be **examined** on:

- | | | |
|--|---|--|
| <input type="checkbox"/> *Bricklaying/Masonry | <input type="checkbox"/> Shingling | <input type="checkbox"/> Tile Setting |
| <input type="checkbox"/> *Structural Framing | <input type="checkbox"/> Flat Roofing | <input type="checkbox"/> Caulking |
| <input type="checkbox"/> *Non-Structural Framing | <input type="checkbox"/> Under Pinning | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> *Plastering | <input type="checkbox"/> Finish Flooring | <input type="checkbox"/> Concrete Work |
| <input type="checkbox"/> Eavestroughing | <input type="checkbox"/> Installation of Staircases | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Installation of Railings | <input type="checkbox"/> Tuck Pointing |
| <input type="checkbox"/> Manufacture and/or Installation of Cabinets and/or Vanities | | <input type="checkbox"/> Taping |
| <input type="checkbox"/> Installation of Aluminum and Vinyl Products | | |
| <input type="checkbox"/> Specify any other: _____ | | |

• If you indicated **Plastering, Bricklaying and/or Carpentry** as a trade, do you hold a Certificate of Qualification? Yes No

• If “yes”, Province Issued: _____ Trade: _____ Certificate No. _____

Related Experience: Employers or Contractors with whom you have worked and length of time you were in their employ:

Name of Employer:	Address:	No. of Years

Have you ever applied for or made an application for this type of licence before? Yes No

If “yes”, when and where _____

Have you ever, or do you currently hold any trade licence in the City of Toronto? Yes No

If “yes”, Trade Number - _____ -- _____

It is understood and agreed that any misrepresentation made by me in connection with this application may be sufficient cause for cancellation of this application and if I have been granted a licence, for cancellation of my licence. I agree that I will comply with all By-laws, rules, and regulations governing the granting of this licence. I authorize the Municipal Licensing & Standards Division to make whatever enquires are deemed necessary respecting the attached information.

Date: _____ Signature: _____

Municipal Licensing & Standards

Please reply to:
Licensing Services
850 Coxwell Ave, 3rd Floor
Toronto, ON M4C 1R5
Tel No.: 416-392-6700
Fax No.: 416-392-4515

APPLICATION FOR EXAMINATION – Class “B”:

Building Renovator - Contracting Only

I will be sub-contracting all work undertaken by myself to licensed contractors or building renovators who are licensed in that specific Trade.

Applicant's Last Name	Applicant's First Name	Application No.
Address	City	Postal Code
Phone No.	Cell No.	Date of Birth

My present Employer is: _____

Related Experience: Employers or Contractors with whom you have worked and length of time you were in their employ:

Name of Employer:	Address:	No. of Years

Have you ever applied for or made an application for this type of licence before? **Yes** **No**

If “yes”, when and where _____

Have you ever, or do you currently hold any trade licence in the City of Toronto? **Yes** **No**

If “yes”, Trade Number - _____

It is understood and agreed that any misrepresentation made by me in connection with this application may be sufficient cause for cancellation of this application and if I have been granted a licence, for cancellation of my licence. I agree that I will comply with all By-laws, rules, and regulations governing the granting of this licence. I authorize the Municipal Licensing & Standards Division to make whatever enquires are deemed necessary respecting the attached information.

Date: _____ Signature: _____

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Examiner's Remarks:

PASS

FAIL

Examiner's Signature: _____