

Carleton Grant, Executive Director Municipal Licensing and Standards East York Civic Centre 850 Coxwell Avenue, 3<sup>rd</sup> Floor Toronto, Ontario M4C 5R1 Fiona Chapman, Director
Business Licensing and Regulatory Services
Fax: 416-392-4515

www.toronto.ca/licences MLSBusinessLicence@toronto.ca

## Plumbing Contractor (T94) Operating Information Questionnaire

1. Please pro	vide the name of the licensed Master Plumber you employ:
Name:	
Licence Nu	mber: T95-
2. Please indi	cate whether the address of your business is:
0	A mailing address only (same as your residence)
0	Office use (different than residence)
	If office use, then please provide the following:
	a. What is the square footage of your business premises?
	b. How many parking spaces do you have designated to your business? (Please note that street parking or shared parking does not apply to this question)
Date:	
Client Name:	
Client Signature:	