

Carleton Grant, Executive Director Municipal Licensing and Standards **East York Civic Centre** 850 Coxwell Avenue, 3rd Floor Toronto, Ontario M4C 5R1 Fax: 416-392-4515 www.toronto.ca/licences MLSBusinessLicence@toronto.ca

Heating Contractor (T91) Operating Information Questionnaire

Please prov Name: Licence Nu	vide the name of the licensed Master Heating Installer you employ: mber: T96-
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:	