

Municipal Licensing and Standards

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MLSBusinesslicence@toronto.ca**ONTARIO HEALTH AND SAFETY DECLARATION**

Date: _____

Name of Applicant: _____

I confirm that I have working knowledge of the Occupational Health and Safety Act and of the applicable Industrial Regulations.

Print Full Name of Officer/Director:_____
Signature of Officer/Director:_____
Print Full Name of Tradesperson:_____
Signature of Tradesperson: