



Community By-Law Enforcement Services
 Unit 18 – 30 Fort Street
 Winnipeg, Manitoba
 R3C 4X3
 (204) 986-2234 - phone
 (204) 986-4094 - fax

THE CITY OF WINNIPEG

Application for Multiple Family Dwelling

for Address of Premises

Date _____ 20 ____

I (WE) _____
 (Name in full)

of _____ Phone No. _____
 (Mailing Address) (Postal Code)

hereby apply for a license to operate the above **multiple family dwelling** to commence on the
 ____ day of _____ 20____, to continue for the remainder of the license year following immediately
 thereafter.

I (We) hereby certify the information provided in this application to be correct and, acknowledge that any false statement made upon this application may result in the revocation of my (our) license and/or prosecution:

1. NAME OF OWNER OF BUILDING: _____ PHONE NO: _____

OWNER'S ADDRESS: _____

2. DESCRIPTION OF PREMISES: No.of storeys (circle one): 1 2 3 Basement (circle one): Yes No

| | TOTAL No. of Units Per Floor | No. of Rental Units that: | |
|--------------|---------------------------------------|---------------------------|--|
| | | Are Self-contained | SHARE kitchen and/or bathroom facilities |
| Basement | | | |
| Main Floor | | | |
| Second Floor | | | |
| Third Floor | | | |
| TOTAL | | | |

THE APPLICANT IS HEREBY WARNED THAT THIS IS NOT A LICENSE.
 THE LICENSE FEE MUST BE PAID IN FULL AT THE TIME OF APPLICATION.

 Signature of Applicant