

# Emergency Care Establishment Exemption Request



## Applicable Fee: \$125.00

Municipal Law Enforcement & Licensing Services

The Corporation of The Town of Cobourg

55 King Street West, Cobourg ON K9A 2M2

Phone: 905-372-8380

Email: [licensing@cobourg.ca](mailto:licensing@cobourg.ca)

## Applicant Information

First and Last Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

Province:

Postal Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number:

Secondary Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Email Address

Fax Number

\_\_\_\_\_

\_\_\_\_\_

## Exemption Request Details

I am requesting an exemption from the requirements of the Emergency Care Establishment, Bylaw 018-2024.

**Reasons for exemption** (you are required to provide specific reasons)

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 will be used for administering the Municipal Law Enforcement and Licensing process. Questions concerning collection of personal information should be directed to the Municipal Clerk, 55 King Street West, Cobourg ON K9A 2M2. Phone: 905-372-4301

## Emergency Care Establishment Exemption Request continued

**Reasons for exemption** (you are required to provide specific reasons) continued

### Statement of the Applicant

**I represent and warrant that:**

- I am the owner of the Emergency Care Establishment, or I am the agent for all owners of the Emergency Care Establishment and the owners have consented to this exemption request.
- I affirm that all the information in this request is true and complete, and
- I acknowledge that failure to comply with any exemption conditions that may be established by the Town of Cobourg (if the exemption is approved) may result in the exemption being rescinded and / or in Administrative Monetary Penalties or fines prescribed by the Provincial Offences Act, 1990 being issued.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### For Internal Use Only

**Date Application Received:** \_\_\_\_\_

**Exemption Decision:**

Approved

Approved with Conditions

Denied

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**Applicant Notified By:**

Email

Fax

Mail

In Person