

<div>OFFICE OF THE CITY CLERK</div> <div>Policy, Gaming & Licensing</div> <div>350 City Hall Square West – Suite 110</div> <div>Windsor, ON N9A 6S1</div> <div>Ph: 519-255-6200, Option 1 Fax: 519-255-6868</div> <div>www.citywindsor.ca</div>

ADULT ENTERTAINMENT OPERATOR			OFFICE USE ONLY	
APPLICATION (2 PAGES)			LICENCE # _____	
			MUST COMPLETE AND RETURN TO OFFICE IN PERSON	
APPLICANT NAME AND ADDRESS				
APPLICANT NAME:		DATE OF BIRTH:	(MM/DD/YYYY)	
STREET ADDRESS:		HOME PHONE:		
		CELL PHONE:		
CITY, PROVINCE:		POSTAL CODE:		
BUSINESS NAME AND ADDRESS				
NAME UNDER WHICH BUSINESS OPERATES:		PLEASE INDICATE WITH A CHECK MARK:(√) Corporation Sole Proprietorship Partnership <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
STREET ADDRESS:		BUS. PHONE:		
		EMAIL ADDRESS:		
CITY, PROVINCE:		POSTAL CODE:		
MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE				
STREET ADDRESS:		CITY, PROVINCE:		
		POSTAL CODE:		
LICENCE CATEGORY		LICENCE FEES		
ADULT ENTERTAINMENT-OPERATOR			NEW - 239.00	RENEWAL-\$239.00
THIS BUSINESS LICENCE REQUIRES AN ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS <u>\$16.95</u> (INCLUDING HST). PLEASE NOTE THAT THE MUNICIPAL PHOTO ID CARD ISSUED FOR BUSINESS LICENSING PURPOSES IS THE PROPERTY OF THE CITY OF WINDSOR. THERE WILL BE A <u>\$28.25</u> CHARGE (INCLUDING HST) FOR THE REPLACEMENT OF ANY LOST OR STOLEN PHOTO ID CARDS.				
HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: What type? _____ What year? _____		HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY? (FOR WHICH A PARDON HAS NOT BEEN GRANTED) YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____ Location? _____		
PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:				
	Proof of Work Status	(2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.		
	Valid Photo Identification			
	Police Records Check *Original, not more than 30 days old & issued by municipality you reside)			
PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, SUITE 110, WINDSOR, ON N9A 6S1. <u>THE LICENCE RENEWAL DEADLINE IS FEBRUARY 28TH ANNUALLY.</u> A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON MARCH 1 ST . THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.				

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION
I acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municipal Act, City of Windsor Act, and City of Windsor Licensing By-law 395-2004. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.
<div>DATE (MM/DD/YYYY)</div> <div>SIGNATURE OF APPLICANT & TITLE</div>

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ADULT ENTERTAINMENT OPERATOR		OFFICE USE ONLY	
APPLICATION-PAGE 2		LICENCE # _____	
MUST COMPLETE AND RETURN TO OFFICE IN PERSON			
I hereby make application under By-law 395-2004 for an Operator’s Licence.			
LEGAL NAME:			
OTHER NAMES USED:			
PERSONAL INFORMATION			
PLACE OF BIRTH:		HEIGHT:	
		WEIGHT:	
I HAVE NEVER HAD ANY LICENCE REFUSED/CANCELLED BY ANY MUNICIPALITY EXCEPT AS FOLLOWS:			
NAME OF MUNICIPALITY:		TYPE OF LICENCE:	
REASON FOR REFUSAL/CANCELLATION:			
I WILL BE OPERATING AN ADULT ENTERTAINMENT PARLOUR AT:			
FULL ADDRESS:			
NAME OF BUSINESS OWNER:			
MUNICIPAL LICENCE # OF OWNER:			
THE NAME OF THE ADULT ENTERTAINMENT PARLOUR I WILL BE OPERATING IS:			
PREVIOUSLY OPERATED ADULT ENTERTAINMENT PARLOUR(S)			
NAME OF BUSINESS:		ADDRESS OF BUSINESS:	
DO YOU HAVE A WRITTEN CONTRACT OF EMPLOYMENT WITH THE COMPANY?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE PROVIDE A COPY TO THE MUNICIPALITY	

- IN MAKING THIS APPLICATION, I HEREBY DECLARE THE INFORMATION GIVEN IN THIS APPLICATION AND ANY SUPPORTING DOCUMENTS IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND UNDERSTAND THAT FALSE STATEMENTS COULD RESULT IN THE REVOCATION OF THE LICENCE IF GRANTED.

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