



## OFFICE OF THE CITY CLERK

### Policy, Gaming & Licensing

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## **BUSINESS OWNERSHIP DECLARATION**

### ➤ *If your business is a **CORPORATION**:*

I, \_\_\_\_\_, of the Municipality of \_\_\_\_\_, Province of Ontario,  
(Your Name) (Where You Reside)

being the \_\_\_\_\_ of \_\_\_\_\_ herein after referred to as the  
(Title) (Corporation Name and/or Number)

“Corporation”, in the matter of Licensing Application for \_\_\_\_\_ hereby declare:  
(Licence Type)

That the Corporation shall carry on business as \_\_\_\_\_ at  
(Trade Name)  
\_\_\_\_\_ during the currency of the licence, if granted.  
(Business Address)

I hereby declare I am an authorized signing officer with, and therefore have authority to bind, the  
Corporation and that all information included in this form is complete and accurate.

\_\_\_\_\_  
Signature Print Name Date (MM/DD/YYYY)

### ➤ *If your business is a **SOLE PROPRIETORSHIP**:*

I, \_\_\_\_\_, of the Municipality of \_\_\_\_\_, Province of Ontario,  
(Your Name) (Where You Reside)

being the Owner of \_\_\_\_\_ herein after referred to as the “Business”, in the matter  
(Business Name)

of Licensing Application for \_\_\_\_\_ hereby declare:  
(Licence Type)

That the Business shall carry on/operate as \_\_\_\_\_ at  
(Trade Name)  
\_\_\_\_\_ during the currency of the licence, if granted.  
(Business Address)

I hereby declare that all information included in this form is complete and accurate.

\_\_\_\_\_  
Signature Print Name Date (MM/DD/YYYY)

### ➤ *If your business is a **PARTNERSHIP**:*

I, \_\_\_\_\_, of the City of \_\_\_\_\_, Province of Ontario,  
(Your Name) (Where You Reside)

being the Owner of \_\_\_\_\_ herein after referred to as the “Partnership”  
(Business Name)

of Licensing Application for \_\_\_\_\_ hereby declare:  
(Licence Type)

That the Partnership shall carry on business as \_\_\_\_\_ at  
(Trade Name)  
\_\_\_\_\_ during the currency of the licence, if granted.  
(Business Address)

I hereby declare that I am authorized to sign on behalf of the Partnership and that all information included in this form is  
complete and accurate.

\_\_\_\_\_  
Signature Print Name Date (MM/DD/YYYY)