

DATE (MM/DD/YYYY)

OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing 350 City Hall Square West - Suite 110 Windsor, ON N9A 6S1

Windsor, ON N9A 6S1 Ph: 519-255-6200, Option 1 Fax: 519-255-6868

SIGNATURE OF APPLICANT & TITLE

www.citywindsor.ca

CARNIVAL/CIRC	CUS			OFFICE USE ONLY	
APPLICATION (2 PAGES)			LICENCE #		
APPLICATION (2	Z PAGES)				
APPLICANT NAME AND A	DDRESS				
				(MM/DD/YYYY)	
APPLICANT NAME:			DATE OF BIRTH:		
			HOME PHONE:		
STREET ADDRESS:	REET ADDRESS:		CELL PHONE:		
CITY, PROVINCE:	VINCE:		POSTAL CODE:		
BUSINESS NAME AND AD	DDRESS				
NAME UNDER	IAME UNDER		PLEASE INDICATE WIT	TH A CHECK MARK:(√)	
WHICH BUSINESS	WHICH BUSINESS		Corporation Sole Proprietorship Partnership		
OPERATES:					
			BUS. PHONE:		
STREET ADDRESS:			EMAIL ADDRESS:		
CITY, PROVINCE:			POSTAL CODE:		
MAILING ADDRESS FOR I	BUSINESS, IF DIFFERENT THA	N ABC	DVE:		
			CITY, PROVINCE:		
STREET ADDRESS:			POSTAL CODE:		
LICENCE	CATEGORY		LICENCE	FEES	
CARNIV	AL/CIRCUS		NEW - \$239.00 PER DAY		
HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES NO IF YES: What type? What year?		INDIC	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 NO IF YES: Year?		
DI FACE ENCLOSE THE E	OLLOWING DOCUMENTS WITI	7111	Location	?	
		n link	Business Name Registration	if applicable	
•	Certificate of Incorporation with Directors, if applicable Property Use Permission Form (Privately-Owned Land)		Agreement with Recreation Department (City-Owned Land)		
Proof of Right to Occupy Premises			Business Ownership Declaration Form		
Site Plan			Ontario Amusement Device Permits- for each ride		
Certificate of Insurance (N		Windsor/Essex Health Unit Approval (519-258-2146)			
	afety Authority Approval(s) (if rides are		· ·	and ID demonstrating proof of status	
Proof of Work Status Valid Photo Identification	(2) pieces of government-issued identi in Canada (e.g. birth certificate, Canad etc.				
THIS APPLICATION MUST BE S	SUBMITTED AT LEAST <u>60 DAYS</u> PRI <u>'S</u> WILL <u>NOT</u> BE ACCEPTED.	IOR TO	THE DATE OF OPENING/OPER	RATION. ANY APPLICATIONS	
NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION					
Act, City of Windsor Act, and C regulate and investigate the var business address of the licensee	ion requested on this form and any a ity of Windsor Licensing By-law 395-2 rious licenses issued by the Office of e is public information. Any other pers tion can be made to the Supervisor of	2004. T f the Cit sonal inf	his information is required in by Clerk, Policy, Gaming & Li formation collected will only be	order to process, issue, monitor, censing Division. The name and a used for investigative purposes.	



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CARNIVAL/CIRCUS	OF	FICE USI	ONLY				
APPLICATION-PAGE 2							
I HEREBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR A CARNIVAL/CIRCUS LICENCE.							
BUSINESS NAME:							
BUSINESS ADDRESS:							
THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY							
IF THE COMPANY IS <u>INCORPORATED</u> , PLEASE PROVIDE THE FOLLOWING:							
LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE)							
LIST OF SHAREHOLDERS							
IF THE COMPANY IS A <u>PARTNERSHIP</u> , PLEASE PROVIDE THE FOLLOWING:							
A DECLARATION SIGNED BY ALL PARTNERS DECLARING THE FULL NAME OF EVERY PARTNER AND							
THE ADDRESS OF THEIR NORMAL RESIDENCE							
PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW:							
1. HOW MANY DAYS WILL YOU BE HOLDING YOUR EVENT?							
2. WHAT ARE THE DATES YOU WILL BE HOLDING YOUR EVENT? From:To:							
3. WHAT IS THE LOT & PLAN # OF THE LOCATION WHERE YOU ARE HOLDING YOUR	EVENT?						
4. WILL THE EVENT BE HELD ON PRIVATE OR CITY OWNED PROPERTY?							
5. WILL THE EVENT HAVE AMUSEMENT RIDES FOR THE PUBLIC?		YES	NO				
6. IF ANY, HOW MANY SIDESHOWS WILL YOU BE HOLDING AT YOUR EVENT?							
I,, DECLARE THE INFORMATION GIVEN IN THIS APPLICATION AND ANY SUPPORTING DOCUMENTS IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I ALSO UNDERSTAND THAT FALSE STATEMENTS COULD RESULT IN REVOCATION OF THE LICENCE IF GRANTED.							
NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMA	TION						
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.							