



**OFFICE OF THE CITY CLERK**

**Policy, Gaming & Licensing**

**350 City Hall Square West - Suite 110**

**Windsor, ON N9A 6S1**

**Ph: 519-255-6200, Option 1 Fax: 519-255-6868**

**www.citywindsor.ca**

**HOLISTIC PRACTITIONER APPLICATION**

OFFICE USE ONLY

LICENCE # \_\_\_\_\_

**APPLICANT NAME AND ADDRESS MUST COMPLETE AND RETURN TO OFFICE IN PERSON**

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:		
		FAX NUMBER:		
CITY, PROVINCE:		POSTAL CODE:		

**MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE**

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY	LICENCE FEES		
HOLISTIC PRACTITIONER		NEW - \$191.00	RENEWAL-\$191.00

THIS BUSINESS LICENCE REQUIRES AN ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS \$16.95 (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 \$28.25 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? _____
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**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION**

Police Records Check (not more than 30 days old)	Business Ownership Declaration Form
Certificate of Incorporation, if applicable	Certification for Holistic Service(s)
List of Fees and Services provided	Code of Ethics
Master Business Licence, if applicable	Complimentary Health Care Organization Certificate
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	

**NO DEPARTMENT DISTRIBUTION REQUIRED**

PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, ROOM 203, WINDSOR, ON N9A 6S1. THE LICENCE RENEWAL DEADLINE IS NOVEMBER 30<sup>TH</sup> ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 1<sup>ST</sup>. 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.

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT & TITLE