



**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

|   |   |   |   |  |
|---|---|---|---|--|
| <b>RETAIL/RESALE APPLICATION</b>  |   |   | OFFICE USE ONLY   |  |
|   |   |   | LICENCE # _____   |  |
| <b>APPLICANT NAME AND ADDRESS</b>   |   |   |   |  |
| APPLICANT NAME:   |   | DATE OF BIRTH:  | (MM/DD/YYYY)  |  |
| STREET ADDRESS:   |   | HOME PHONE:   |   |  |
|   |   | CELL PHONE:   |   |  |
| CITY, PROVINCE:   |   | POSTAL CODE:  |   |  |
| <b>BUSINESS NAME AND ADDRESS</b>  |   |   |   |  |
| NAME UNDER WHICH BUSINESS OPERATES:   |   | PLEASE INDICATE WITH A CHECK MARK:(√)<br>Corporation      Sole Proprietorship      Partnership<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |   |  |
| STREET ADDRESS:   |   | BUS. PHONE:   |   |  |
|   |   | EMAIL ADDRESS:  |   |  |
| CITY, PROVINCE:   |   | POSTAL CODE:  |   |  |
| <b>MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:</b>   |   |   |   |  |
| STREET ADDRESS:   |   | CITY, PROVINCE:   |   |  |
|   |   | POSTAL CODE:  |   |  |
| <b>LICENCE CATEGORY</b>   |   | <b>LICENCE FEES</b>   |   |  |
| RETAIL/RESALE   |   | <input type="checkbox"/> NEW - \$321.00   | <input type="checkbox"/> RENEWAL - \$239.00                     |  |
| HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: What type? _____<br><br>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)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____<br><br>Location? _____   |   |  |
| <b>BUSINESS OWNERSHIP DECLARATION INFORMATION REQUIRED</b>  |   |   |   |  |
| <b>PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:</b>  |   |   |   |  |
|   | Police Records Check (*Original, not more than 30 days old & issued by municipality you reside) |   | Business Ownership Declaration Form                             |  |
|   | Certificate of Incorporation, including Directors, if applicable                                |   | Business Name Registration / Franchise Agreement, if applicable |  |
|   | 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  |   |   |  |
| <b>DEPARTMENT DISTRIBUTION ONLY:</b>  |   |   |   |  |
|   | Building-Zoning Clearance   |   |   |  |
| <b>THE LICENCE RENEWAL DEADLINE IS ON OCTOBER 31<sup>ST</sup> ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON NOVEMBER 1<sup>ST</sup>. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE</b> |   |   |   |  |

**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