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|  <div>THE CITY OF WINDSOR ONTARIO, CANADA</div> | 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 |
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| SALVAGE YARD | | OFFICE USE ONLY | |
| APPLICATION (2 PAGES) | | LICENCE # _____ | |
| 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 | |
| SALVAGE YARD | | NEW - \$381.00 | RENEWAL-\$299.00 |
| 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 | | | |
| | 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 | | |
| DEPARTMENT DISTRIBUTION ONLY | | | |
| | Public Works-Pollution Control Inspection | | Zoning Clearance |
| | Notification To Surrounding Neighbors | | Bylaw Enforcement-Inspection |
| | | | |
| THE LICENCE RENEWAL DEADLINE IS NOVEMBER 30 th ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON <u>DECEMBER 1ST</u> . THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE. | | | |

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| 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 |



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SALVAGE YARD APPLICATION-PAGE 2

OFFICE USE ONLY

LICENCE # _____

I hereby make application under By-law 395-2004 for a Salvage Yard Licence.

BUSINESS NAME:

BUSINESS ADDRESS:

THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY

IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:

- ☐ LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE)
- ☐ LIST OF SHAREHOLDERS

IF THE COMPANY IS A PARTNERSHIP, 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 COMPLETE THE FOLLOWING SECTION

| | | YES | NO |
|-----|---|-----|----|
| 1. | WHAT IS THE HEIGHT OF THE FENCE SURROUNDING THE PROPERTY? | | |
| 2. | OF WHAT MATERIAL IS THE SURROUNDING FENCE CONSTRUCTED? | | |
| 3. | IS THE SURFACE OF THE FENCE PAINTED? | | |
| 4. | DO YOU PERMIT THE WRECKING OF AUTOMOBILES ON THE PREMISES? | | |
| 5. | IF YOU ANSWERED NO TO QUESTION (4) WHERE ARE THE AUTOMOBILES TAKEN? | | |
| 6. | DO YOU RE-BUILD AUTOMOBILES FOR SALE PURPOSES? | | |
| 8. | IF YOU ANSWERED YES TO QUESTION (6) WHERE ARE THE AUTOMOBILES STORED? | | |
| 9. | WHAT ARE YOUR HOURS OF OPERATION? | | |
| 10. | DO YOU KEEP AN UP-TO-DATE REGISTER WHICH INCLUDES THE NAME, ADDRESS OF THE PERSON FROM WHOM THE GOODS WERE ACQUIRED, AND A FULL DESCRIPTION OF THE GOODS? | | |

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.

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