



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

SPECIAL SALES APPLICATION

OFFICE USE ONLY

LICENCE # _____

(2 PAGES)

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		
SPECIAL SALE- VALID FOR 30 DAYS ONLY		NEW - \$239.00	EXTENSION - \$120.00 (Maximum of 3)

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? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____ Location? _____
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PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

<input type="checkbox"/>	Inventory List	<input type="checkbox"/>	Advertising Samples
<input type="checkbox"/>	Certificate of Incorporation including Directors, if applicable	<input type="checkbox"/>	Business Name Registration / Franchise Agreement, if
<input type="checkbox"/>	Value of Goods	<input type="checkbox"/>	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Valid Photo Identification		

DEPARTMENT DISTRIBUTION ONLY:

<input type="checkbox"/>	Compliance – to check inventory	<input type="checkbox"/>	
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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



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SPECIAL SALES APPLICATION-PAGE 2

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LICENCE # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1.	WHERE IS THE LOCATION THAT THE SPECIAL SALE IS TAKING PLACE?
2.	THE SPECIAL SALE SHALL COMMENCE ON: _____(DATE) AND SHALL END ON: _____(DATE) BEING VALID FOR A MAXIMUM OF 30 DAYS. HOURS OF OPERATION WILL BE _____TO _____(TIMES).
3.	PLEASE INDICATE THE REASON FOR THE SPECIAL SALE: _____
4.	ARE THE GOODS BEING STORED AT A LOCATION OUTSIDE OF THE REGULAR BUSINESS? If yes please provide details of storage: _____
5.	ARE THE GOODS OWNED BY ANYONE OTHER THAN THE OWNER/APPLICANT OF THIS SPECIAL SALE LICENCE? If yes please provide the contact information for that owner. Name: _____ Phone: _____
6.	PLEASE INDICATE THE PARTICULARS OF ANY DAMAGE/DETERIORATION TO THE GOODS BEING SOLD:

DECLARATION FOR NEW APPLICATION ONLY:

I _____ AM THE OWNER/APPLICANT DESCRIBED IN THIS APPLICATION, AND AS SUCH HAVE KNOWLEDGE OF THE STATEMENTS AND INFORMATION CONTAINED THEREIN.

I DO SOLEMNLY DECLARE THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____

DECLARATION FOR EXTENSION OF APPLICATION ONLY:

I _____ AM THE LICENCE HOLDER OF LICENCE NUMBER: _____, WHICH HAS EXPIRED ON: _____.

ATTACHED HERETO IS A COMPLETE LIST OF THE GOODS OFFERED FOR SALE UNDER SUCH LICENCE AND NOW REMAINING UNSOLD.

ALL OF SUCH GOODS WERE LISTED IN THE ORIGINAL APPLICATION FOR THE SAID LICENCE AND NO OTHER GOODS HAVE BEEN ADDED TO OR SUBSTITUTED FOR ANY OF SUCH ORIGINAL GOODS.

SIGNATURE: _____ DATE: _____

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