



**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 <input type="checkbox"/>	Partnership <input type="checkbox"/>
STREET ADDRESS:		BUS. PHONE:	
CITY, PROVINCE:		FAX NUMBER:	
		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 - \$191.00**

**EXTENSION - \$95.00**

(Maximum of 3)

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)?  
 YES  NO  IF YES: What type? \_\_\_\_\_  
 What year? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR  
 INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY?  
 NO  IF YES: Year? \_\_\_\_\_  
 Location? \_\_\_\_\_

**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

Inventory List	Advertising Samples
Certificate of Incorporation, if applicable	Master Business Licence, if applicable
Value of Goods	
Proof of Work Status	<i>(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.</i>
Valid Photo Identification	

**DEPARTMENT DISTRIBUTION ONLY:**

Compliance – to check inventory	
---------------------------------	--

PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, SUITE 203, WINDSOR, ON N9A 6S1. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

**BUSINESS OWNERSHIP DECLARATION INFORMATION REQUIRED**

**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
---

**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



**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-PAGE 2**

OFFICE USE ONLY

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: \_\_\_\_\_

**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