



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

BED & BREAKFAST/GUEST HOUSE

OFFICE USE ONLY

LICENCE # _____

APPLICATION (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:		
		FAX NUMBER:		
CITY, PROVINCE:		POSTAL CODE:		

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY

LICENCE FEES

BED & BREAKFAST/GUEST HOUSE ESTABLISHMENT	NEW - \$566.00	RENEWAL-\$191.00
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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

Certificate of Incorporation, if applicable	Certificate of Insurance
Police Records Check (not older than 30 days)	Floor Plans ((2) copies, new only)
Electrical Safety Authority Approval (ElecCheck Certificate)	Permit to Operate (Board of Health Inspection Certificate)
Parking Facility Diagram (new only)	Business Ownership Declaration
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	

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 OCTOBER 31ST ANNUALLY.** A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON NOVEMBER 1ST. 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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APPLICATION-PAGE 2

I HEREBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR A BED & BREAKFAST/GUEST HOUSE ESTABLISHMENT.

BUSINESS NAME:	
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BUSINESS ADDRESS:	
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THE FOLLOWING SECTIONS 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 ANSWER THE FOLLOWING QUESTION(S) BELOW PERTAINING TO THE ABOVE NOTED BUSINESS

1.	HOW MANY ROOMS ARE AVAILABLE AT THE ABOVE LOCATION?	
2.	WHAT IS THE MAXIMUM # OF OCCUPANTS?	
3.	HOW MANY BATH TUBS (with or without showers)?	
4.	HOW MANY SEPERATE SHOWERS?	
5.	HOW MANY WASHBASINS (SINKS)?	
6.	HOW MANY WATERCLOSETS (TOILETS)?	

DECLARATION

I hereby acknowledge that as owner/agent for the said keeper I am responsible for the operation of the said Bed and Breakfast / Guest House Establishment. I shall forthwith notify the Licensing Commissioner of the Corporation of the City of Windsor in writing of any change of my residence address and telephone number. I am familiar with the regulations contained in By-law Number 395-2004 governing Bed and Breakfast / Guest House Establishments and I understand that I may be prosecuted for violation thereof.

Name (printed): _____ Signature: _____

DECLARATION FOR RENEWAL APPLICATION ONLY

By making application for RENEWAL of this licence:

- In accordance with Business Licensing By-law 395-2004, Schedule B2, Section 3.3, I do hereby declare and confirm that there have been no changes in the number, location, size and use of the rooms in the above premises since the issuance of a licence for the year _____.
- In accordance with Schedule B2, Section 3.1 (h), I do hereby declare and confirm that no change of name or corporate structure have been made since the original licensing or the most recent renewal.
- I hereby acknowledge that as owner/agent for the said keeper I am responsible for the operation of the said Bed and Breakfast/Guest House Establishment.
- I shall forthwith notify the Licensing Commissioner of the Corporation of the City of Windsor in writing of any change of my residence address and telephone number.
- I am familiar with the regulations contained in By-law Number 395-2004 governing Bed and Breakfast / Guest House Establishments and I understand that I may be prosecuted for violation thereof.

Name (printed): _____ Signature: _____

Title: _____ Date: _____ (MM/DD/YYYY)

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