



**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

**FOOD STORE APPLICATION (2 PAGES)**

OFFICE USE ONLY

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:	
		FAX NUMBER:	
CITY, PROVINCE:		POSTAL CODE:	

**MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:**

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY CLASS OF LICENCE	LICENCE FEES	
	NEW	RENEWAL
FOOD STORE	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$191.00
TOBACCONIST – ANCILLARY	<input type="checkbox"/> \$232.00	<input type="checkbox"/> \$191.00

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?  
 YES  NO  IF YES: Year? \_\_\_\_\_  
 Location? \_\_\_\_\_

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

Board Of Health Inspection Certificate (Permit to Operate)	Business Ownership Declaration Form
Certificate of Incorporation, if applicable	Master Business Licence, 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:**

Building-Zoning Clearance	Public Works – Pollution Control
---------------------------	----------------------------------

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 ON FEBRUARY 28<sup>th</sup> ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON MARCH 1<sup>st</sup>. 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



**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

**FOOD STORE APPLICATION-PAGE 2**

OFFICE USE ONLY

LICENCE # \_\_\_\_\_

I hereby make application under By-law 395-2004 for an Food Store 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 INDICATE BY CHECKMARK THE TYPE OF SERVICE(S) CONDUCTED AT THE ABOVE NOTED BUSINESS**

		YES	NO
1.	DO YOU PREPARE MEALS OR MEAL PORTIONS (EXAMPLE: SANDWICHES), INCLUDING SCOOPING ICE CREAM OR OTHER FROZEN CONFECTIONARIES, WHICH ARE SOLD OVER A COUNTER?		
2.	ARE TOBACCO PRODUCTS SOLD ON THE PREMISES?		
3.	DO YOU SELL PREPACKAGED FOOD? (EXAMPLE: CHIPS, CHOCOLATE BARS, ETC.)		
4.	DO YOU SELL UNPACKAGED FOOD? (EXAMPLE: 25¢ CANDIES, PEPPERONI, ETC.)		
5.	DO YOU SELL PERISHABLE FOOD? (EXAMPLE: BREAD, MILK, EGGS, ETC.)		
6.	DO YOU COOK/WARM/HEAT FOOD ON THE PREMISES?		
7.	IS FOOD COOKED WITH GREASE AND/OR OIL?		

**FOOD STORE:** ANY PREMISES WHERE FOOD OR MILK IS PROCESSED, PREPARED, STORED, HANDLED, DISPLAYED, SOLD OR OFFERED FOR SALE, BUT DOES NOT INCLUDE A PRIVATE RESIDENCE FROM WHICH FOOD IS NOT SOLD OR OFFERED FOR SALE.

**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