



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

HOLISTIC CENTRE

OFFICE USE ONLY

APPLICATION (2 PAGES)

LICENCE # _____

APPLICANT NAME AND ADDRESS

MUST COMPLETE AND RETURN TO OFFICE IN PERSON

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:	

MANAGER'S NAME

MANAGER'S MAILING ADDRESS

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LICENCE CATEGORY

LICENCE FEES

HOLISTIC CENTRE

NEW - \$232.00

RENEWAL-\$191.00

THIS BUSINESS LICENCE REQUIRES AN ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS \$16.95 (INCLUDING HST). PLEASE NOTE THAT THE MUNICIPAL PHOTO ID CARD ISSUED FOR BUSINESS LICENSING PURPOSES IS THE PROPERTY OF THE CITY OF WINDSOR. THERE WILL BE A \$28.25 CHARGE (INCLUDING HST) FOR THE REPLACEMENT OF ANY LOST OR STOLEN PHOTO ID CARDS

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

Police Records Check (not older than 30 days)	Annual Return (if business is a corporation)	Board of Health Inspection Certificate (Permit to Operate)
Business Ownership Declaration Form	List of Employees & Licence Numbers	Floor Plans (2 Copies), new only
List of Fees and Services Provided	Code of Ethics	Master Business Licence, if applicable
Certificate of Insurance (\$2 million min. liability)	Complimentary Health Care Certificate (Only if also acting as a Practitioner)	Advertising-Samples of Advertisement used
Certificate of Incorporation, if applicable	Certificate of Incorporation, if applicable	

Proof of Work Status Valid Photo Identification (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.)

Department Distribution Only

Zoning Clearance

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 NOVEMBER 30TH ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 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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HOLISTIC CENTRE APPLICATION-PAGE 2

I HEREBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR A HOLISTIC CENTRE.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

THE FOLLOWING SECTION IS 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

THE FOLLOWING SECTION IS FOR RENEWAL APPLICATIONS ONLY

I HEREBY CONFIRM THAT THERE HAVE BEEN CHANGES IN THE NUMBER, LOCATION, SIZE AND/OR USE OF THE ROOM(S) IN THE ABOVE NOTED PREMISES SINCE THE ISSUANCE OF THE PREVIOUS YEAR'S LICENCE. I HAVE ATTACHED FLOOR PLANS (2 COPIES) TO THIS RENEWAL APPLICATION FOR REVIEW.

OR

I HEREBY CONFIRM THAT THERE HAVE BEEN NO CHANGES IN THE NUMBER, LOCATION, SIZE AND/OR USE OF THE ROOM(S) IN THE ABOVE NOTED PREMISES SINCE THE ISSUANCE OF THE PREVIOUS YEAR'S LICENCE.

Name (printed): _____ **Signature:** _____

DECLARATION FOR MANAGER OF HOLISTIC CENTRE

I hereby acknowledge that I am the Manager, and I am responsible for the operation of the said Holistic Centre. 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 Holistic Centres and I understand that I may be prosecuted for violation thereof.

Name (printed): _____ **Signature:** _____

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