

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 PRA	ACTITIONER APPLICA	OFFICE USE ONLY LICENCE #			
APPLICANT NAME AN	D ADDRESS I	MUST CO	MPLETE AND RETU	RN TO OFFICE IN PERSON	
				(MM/DD/YYYY)	
APPLICANT NAME:			DATE OF BIRTH:		
			HOME PHONE:		
STREET ADDRESS:			CELL PHONE:		
CITY, PROVINCE:			POSTAL CODE:		
BUSINESS NAME AND	ADDRESS				
NAME UNDER			PLEASE INDICATE	E WITH A CHECK MARK:(√)	
WHICH BUSINESS			Corporation Sole Pr	roprietorship Partnership	
OPERATES:					
			BUS. PHONE:		
STREET ADDRESS:			FAX NUMBER:		
CITY, PROVINCE:			POSTAL CODE:		
MAILING ADDRESS FO	OR BUSINESS, IF DIFFERENT THAI	N ABOVE			
			CITY, PROVINCE:		
STREET ADDRESS:			POSTAL CODE:		
LICEN	ICE CATEGORY		LICENCE	FEES	
HOLIST	TIC PRACTIONER		NEW - \$191.00	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 CH	HARGE (INCLUDING HST) FOR THE REPLA	CEMENT OF	ANY LOST OR STOLEN	PHOTO ID CARDS	
HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES NO IF YES: What type?		HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY?			
YES NO IF YES: What type?		(FOR WHICH A PARDON HAS NOT BEEN GRANTED)			
What year?		YES NO IF YES: Year?			
DI FACE ENCLOSE TH	E FOLLOWING DOCUMENTS WITH	I THIC AD		1?	
	(not more than 30 days old)		iness Ownership Declara	ation Form	
Certificate of Incorpor	` '		tification for Holistic Serv		
List of Fees and Services provided		Code of Ethics			
Master Business Licence, if applicable		Complimentary Health Care Organization Certificate			
Proof of Work Status Valid Photo Identifica	(2) pieces of government-issued identifin Canada (e.g. birth certificate, Canadi				
Valid Prioto identifica	tion etc.				
NO DEPARTMENT DISTRIBUTION REQUIRED					
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. <u>THE LICENCE RENEWAL DEADLINE IS NOVEMBER 30TH ANNUALLY</u> . A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 1 ST . 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	