



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"/>	Sole Proprietorship <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?
 YES 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	(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:

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