



**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

**ADULT ENTERTAINMENT OWNER**

OFFICE USE ONLY

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

**APPLICATION (2 PAGES)**

MUST COMPLETE AND RETURN TO OFFICE IN PERSON

**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:		EMAIL ADDRESS:		
		POSTAL CODE:		

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

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

**LICENCE CATEGORY**

**LICENCE FEES**

**ADULT ENTERTAINMENT-OWNER**

**NEW - \$697.00**

**RENEWAL-\$615.00**

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

Location? \_\_\_\_\_

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

Certificate of Incorporation including Directors, if applicable	Business Name Registration, 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	
Proof of Right to Occupy Premises	Hours of Operation
List of Operators and Licence Numbers	List of Services and Fees
Police Records Check *Original, not more than 30 days old & issued by municipality you reside)	Windsor Essex Board of Health Approval (519-258-2146)
Business Ownership Declaration Form	

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 110, WINDSOR, ON N9A 6S1. THE LICENCE RENEWAL DEADLINE IS 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



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**APPLICATION-PAGE 2**

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I HEREBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR AN OWNER'S LICENCE.

LEGAL NAME:	
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OTHER NAMES USED:	
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**THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY**

IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:

- LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE)
- ANNUAL TAX RETURN FOR THE MOST RECENT TAXATION YEAR
- 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

**PERSONAL INFORMATION**

PLACE OF BIRTH:		HEIGHT:	
		WEIGHT:	

I HAVE NEVER HAD ANY LICENCE REFUSED/CANCELLED BY ANY MUNICIPALITY EXCEPT AS FOLLOWS:

<u>NAME OF MUNICIPALITY:</u>	<u>TYPE OF LICENCE:</u>

REASON FOR REFUSAL/CANCELLATION:

I AM THE OWNER OF THE FOLLOWING ADULT ENTERTAINMENT PARLOUR:

**PREVIOUSLY OWNED ADULT ENTERTAINMENT PARLOUR(S)**

NAME OF BUSINESS:	ADDRESS OF BUSINESS:

DOES THE BUSINESS PROVIDE ROOMS FOR DWELLING OR SLEEPING PURPOSES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DOES THE BUSINESS OPERATE A KITCHEN?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**OPERATOR:** A PERSON, WHO ALONE OR WITH OTHERS HAS THE RIGHT TO POSSESS OR OCCUPY AN ADULT ENTERTAINMENT PARLOUR OR ACTUALLY DOES POSSESS OR OCCUPY AN ADULT ENTERTAINMENT PARLOUR AND INCLUDES A LESSEE OF AN ADULT ENTERTAINMENT PARLOUR OR A PREMISES IN WHICH AN ADULT ENTERTAINMENT PARLOUR IS LOCATED.

- IN MAKING APPLICATION, I HEREBY DECLARE THE INFORMATION GIVEN IN THIS APPLICATION AND ANY SUPPORTING DOCUMENTS IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I ALSO UNDERSTAND THAT FALSE STATEMENTS COULD RESULT IN REVOCATION OF THE LICENCE IF GRANTED.

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DATE (MM/DD/YYYY)

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