



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 HANDLER APPLICATION

OFFICE USE ONLY

LICENCE # _____

APPLICANT NAME AND ADDRESS

| | | | |
|------------------------|--|-----------------------|---------------------|
| APPLICANT NAME: | | DATE OF BIRTH: | <u>(MM/DD/YYYY)</u> |
| STREET ADDRESS: | | HOME PHONE: | |
| | | CELL PHONE: | |
| CITY, PROVINCE: | | POSTAL CODE: | |

I WILL BE OPERATING AS FOOD HANDLER FOR:

| | |
|-----------------------|------------------------|
| BUSINESS NAME: | BUSINESS PHONE: |
| | |

LICENCE CATEGORY

FOOD HANDLER

PHOTO ID CARD IS \$16.95

THIS BUSINESS LICENCE REQUIRES A PHOTO ID CARD. THIS CARD IS VALID FOR 5 YEARS. 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.

| | |
|---|---|
| <p>HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: What type? _____ What year? _____</p> | <p>HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____ Location? _____</p> |
|---|---|

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

| | |
|--|---|
| | Food Handler's Certificate- from Windsor-Essex County Health Unit |
| | Proof of Work Status <i>(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.</i> |
| | Valid Photo Identification |

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.

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