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

HEATING MASTER APPLICATION

OFFICE USE ONLY
LICENCE #_____

APPLICANT NAME AND ADDRESS

APPLICANT NAME:		**DATE OF BIRTH:**	(MM/DD/YYYY)
STREET ADDRESS:		**HOME PHONE:**	
		CELL PHONE:	
CITY, PROVINCE:		**POSTAL CODE:**	

I WILL BE OPERATING AS A HEATING MASTER FOR:

BUSINESS NAME & ADDRESS:	**BUSINESS PHONE & EMAIL ADDRESS:**

LICENCE CATEGORY		LICENCE FEES		
HEATING - MASTER		**NEW - $255.00**		**RENEWAL-$255.00**
PHOTO ID CARD-$16.95 (INCLUDING HST)		**(Each Class)**		**(Each Class)**

PLEASE INDICATE WHICH CLASS OF LICENCE YOU ARE APPLYING FOR:

	CLASS "A"	**GAS FITTER 1 OR 2:** for the installation, adjustment and repair of oil and gas burning equipment used for heating or cooling purposes within the scope of work as defined in the *Technical Standards and Safety Act, 2000* for Gas Technician Certificate holders.
	CLASS "B"	**STEAM FITTER:** for the installation, repair and adjustment of steam and hot water heating systems within the scope of work as defined in the *Trades Qualification and Apprenticeship Act* for the trade of Steam Fitter.
	CLASS "C"	**SHEETMETAL WORKER:** for the installation, repair and adjustment of warm air heating systems of all kinds within the scope of work as defined in the *Trades Qualification and Apprenticeship Act* for the trade of Sheet Metal Worker.

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.

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

	Certificate Of Qualification(s)		**Insurance Policy ($2 million minimum)**		**Colleges of Trade Membership**
	Business Name Registration, if applicable		**List of Employees and Licence Numbers, if applicable**		
	Police Records Check (*Original, not more than 30 days old & issued by municipality you reside)		**Certificate of Incorporation including Driectors , 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				

DEPARTMENT DISTRIBUTION ONLY

	Zoning (City of Windsor locations only)		**Assign H/P Number (new only)**
	Provide Stickers (new only)		

THE LICENCE RENEWAL DEADLINE IS MAY 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE BEGINNING JUNE 1ST. IF NOT RENEWED BY THE DEADLINE, THE APPLICANT MAY INCUR FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

I, _____, 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.

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**