

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

BODY MODIFICATION APPLICATION LICENCE #					
APPLICANT NAME AND ADDRESS					
				(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 WITH A CHECK MARK: $()$		
WHICH BUSINESS			Corporation Sole Pr	roprietorship Partnership	
OPERATES:					
			BUS. PHONE:		
STREET ADDRESS:			FAX NUMBER:		
CITY, PROVINCE:	INCE:		POSTAL CODE:		
MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE					
			CITY, PROVINCE:		
STREET ADDRESS:			POSTAL CODE:		
LICENCE CATEGORY		LICENCE FEES			
BODY MODIFICATION			NEW - \$382.00	RENEWAL-\$191.00	
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?			
What year?		(FOR WHICH A PARDON HAS NOT BEEN GRANTED) YES NO IF YES: Year?			
Wilat year?		Location?			
PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION					
Certificate of Incorporation, if applicable		Master Business Licence, if applicable			
Personal Services Settings Course Certificate		Permit to Operate (Board of Health Inspection Certificate)			
Business Ownership Declaration Form					
Proof of Work Status (2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of state in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.					

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 NOVEMBER 30ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I also 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
DATE (MM/DD/TTTT)	SIGNATURE OF APPLICANT & TITLE