

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

MOBILE SIGN LESSOR APPLICATION			OFFICE USE ONLY LICENCE #	
APPLICANT NAME AN	ID ADDRESS			
				(MM/DD/YYYY)
APPLICANT NAME:			DATE OF BIRTH:	
			HOME PHONE:	
STREET ADDRESS:	TREET ADDRESS:		CELL PHONE:	
CITY, PROVINCE:		POSTAL CODE:		
BUSINESS NAME AND	ADDRESS			
NAME UNDER			PLEASE INDICATE	WITH A CHECK MARK:(√)
WHICH BUSINESS			Corporation Sole Proprietorship Partnership	
OPERATES:				
			BUS. PHONE:	
STREET ADDRESS:			FAX NUMBER:	
CITY, PROVINCE:			POSTAL CODE:	
MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:				
			CITY, PROVINCE:	
STREET ADDRESS:			POSTAL CODE:	
LICE	NCE CATEGORY		LICENCE	FEES
MOBILE SIGN LESSOR			NEW - \$232.00	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? YES NO IF YES: Year?		
What year?		Location?		
PLEASE ENCLOSE TH	HE FOLLOWING DOCUMENTS WITH	H THIS AP		
Liability Insurance Policy (min. \$ 2,000,000)		Certificate of Incorporation, if applicable		
Master Business Licence, 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.				
DEPARTMENT DISTRIBUTION ONLY:				
Building Department	t – Zoning (New Only)			
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. THE LICENCE RENEWAL DEADLINE IS OCTOBER 31 ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON NOVEMBER 1 ST . THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.				
THE ABOVE ARE THE ONLY BUSINESSES OPERATED AT THESE PREMISES WHICH REQUIRE A MUNICIPAL LICENCE IN ACCORDANCE WITH THE BY-LAWS OF THE MUNICIPALITY.				
I,, ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION IN THE CITY OF WINDSOR UNTIL THE FORMAL LICENCE IS ISSUED TO ME.				

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