THE CITY OF WINDSOR
ONTARIO, CANADA

**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

# HOLISTIC CENTRE APPLICATION (2 PAGES)

OFFICE USE ONLY

LICENCE #_____

| APPLICANT NAME AND ADDRESS | | MUST COMPLETE AND RETURN TO OFFICE IN PERSON | |
|---|---|---|---|
| APPLICANT NAME: | | DATE OF BIRTH: (MM/DD/YYYY) | |
| STREET ADDRESS: | | HOME PHONE: | |
| | | CELL PHONE: | |
| CITY, PROVINCE: | | POSTAL CODE: | |
| **BUSINESS NAME AND ADDRESS** | | | |
| CORPORATION NUMBER AND OPERATING NAME: | | PLEASE INDICATE WITH A CHECK MARK:(√) Corporation ☐ Sole Proprietorship ☐ Partnership ☐ | |
| STREET ADDRESS: | | BUS. PHONE: | |
| | | EMAIL ADDRESS: | |
| CITY, PROVINCE: | | POSTAL CODE: | |
| **MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE** | | | |
| STREET ADDRESS: | | CITY, PROVINCE: | |
| | | POSTAL CODE: | |

| MANAGER'S NAME | MANAGER'S MAILING ADDRESS |
|---|---|
| | |

| LICENCE CATEGORY | LICENCE FEES | |
|---|---|---|
| HOLISTIC CENTRE | ☐ NEW - $337.00 | ☐ RENEWAL-$255.00 |

THIS BUSINESS LICENCE REQUIRES AN ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS $20.60 (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 $35.00 CHARGE 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**

| | | |
|---|---|---|
| ☐ List of Fees and Services Provided | ☐ Business Ownership Declaration Form | ☐ Certificate of Incorporation including Directos, if applicable |
| ☐ Annual Return (if business is a corporation) | ☐ Business Name Registration, if applicable | ☐ Floor Plans (2 Copies), new only |
| ☐ Police Record Check (*Original, not more than 30 days old & issued by municipality you reside) | ☐ Complimentary Health Care Certificate (only if also acting as a Practitioner) | ☐ Code of Ethics |
| ☐ Certificate of Insurance (minimum $2 million liability) | ☐ Advertising-Samples of Advertisement used | ☐ List of Employees & Licence Numbers |

☐ Proof of Work Status
☐ Valid Photo Identification
*(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**

☐ Zoning Clearance

THE LICENCE RENEWAL DEADLINE IS NOVEMBER 30TH 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.

**NOTE: APPLICATIONS ACCEPTED UNTIL 3:30 PM MONDAY-FRIDAY, EXCEPT HOLIDAYS**

## 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 & By-law Enforcement 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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# HOLISTIC CENTRE APPLICATION-PAGE 2

**I HEREBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR A HOLISTIC CENTRE.**

| | |
|---|---|
| **BUSINESS NAME:** | |
| **BUSINESS ADDRESS:** | |

**THE FOLLOWING SECTION IS FOR NEW APPLICATIONS ONLY**

**IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:**

- ☐ **LETTERS OF INCORPORATION**
- ☐ **LIST OF DIRECTORS**

**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**

**THE FOLLOWING SECTION IS FOR RENEWAL APPLICATIONS ONLY**

- ☐ **I HEREBY CONFIRM THAT THERE HAVE BEEN CHANGES IN THE NUMBER, LOCATION, SIZE AND/OR USE OF THE ROOM(S) IN THE ABOVE NOTED PREMISES SINCE THE ISSUANCE OF THE PREVIOUS YEAR'S LICENCE. I HAVE ATTACHED FLOOR PLANS (2 COPIES) TO THIS RENEWAL APPLICATION FOR REVIEW.**

**OR**

- ☐ **I HEREBY CONFIRM THAT THERE HAVE BEEN NO CHANGES IN THE NUMBER, LOCATION, SIZE AND/OR USE OF THE ROOM(S) IN THE ABOVE NOTED PREMISES SINCE THE ISSUANCE OF THE PREVIOUS YEAR'S LICENCE.**

**Name (printed): _____ Signature: _____**

**DECLARATION FOR MANAGER OF HOLISTIC CENTRE**

**I hereby acknowledge that I am the Manager, and I am responsible for the operation of the said Holistic Centre. I shall forthwith notify the Licensing Commissioner of the Corporation of the City of Windsor in writing of any change of my residence address and telephone number. I am familiar with the regulations contained in By-law Number 395-2004 governing Holistic Centres and I understand that I may be prosecuted for violation thereof.**

**Name (printed): _____ Signature: _____**

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_____ _____

**DATE (MM/DD/YYYY)** **SIGNATURE OF APPLICANT & TITLE**