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

LODGING HOUSE APPLICATION

CLASS 2 (2 PAGES)

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:	

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:	

LICENCE CATEGORY	LICENCE FEES	
LODGING HOUSE – CLASS 2	☐ NEW - $807.00	☐ RENEWAL-$725.00

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 Incorporation including Directors, if applicable	☐	Business Name Registration, if applicable
☐	Business Ownership Declaration	☐	Windsor/Essex Board of Health Approval (519-258-2146)
☐	Floor Plans - (2) copies, new only	☐	Electrical Approval (new only)
☐	Police Records Check (**Original, not more than 30 days old & issued by municipality you reside)*		
☐	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		

THE LICENCE RENEWAL DEADLINE IS OCTOBER 31S ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON NOVEMBER 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 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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LODGING HOUSE APPLICATION-
CLASS 2 – PAGE 2

OFFICE USE ONLY
LICENCE #_____

APPLICANT NAME AND ADDRESS	
APPLICANT(S) NAME:	
RESIDENCE ADDRESS:	
ADDRESS OF LODGING HOUSE:	

IF THE APPLICANT DOES NOT RESIDE IN THE CITY OF WINDSOR, COMPLETE BELOW.

A PERSON OVER 21 YEARS WHO WILL RESIDE PERMANENTLY IN THE CITY OF WINDSOR AS AGENT OF THE APPLICANT.

NAME:		CITY, PROVINCE:	WINDSOR, ONTARIO
STREET ADDRESS:		POSTAL CODE:	
HOME PHONE:		CELL PHONE:	

NOTE: FOR THE PURPOSE OF THIS SECTION, A STAFF EQUIVALENT MEANS A PERSON WORKING FOR NOT FEWER THAN EIGHT (8) HOURS DURING A TWENTY-FOUR (24) HOUR PERIOD.

WORKING HOURS PER DAY EACH STAFF		NUMBER OF EMPLOYEES	
THE NUMBER OF "STAFF EQUIVALENTS" REPRESENTED BY ALL PERSONS ON STAFF			

MAXIMUM NUMBER OF OCCUPANTS		WATERCLOSETS	
NUMBER OF ROOMS AVAILABLE FOR OCCUPANCY		SEPERATE SHOWERS	
BATHTUBS (WITH OR WITHOUT SHOWERS)		SINKS	
NUMBER OF MEALS TO BE SERVED TO EACH OCCUPANT EACH DAY		WASHBASINS	

SEATING CAPACITY OF ROOMS USED FOR MEAL(S)

ROOM	CAPACITY	ROOM	CAPACITY	ROOM	CAPACITY	ROOM	CAPACITY

OUTDOOR RECREATION AREA		INDOOR RECREATION AREA	
LOCATION		LOCATION	
SIZE		SIZE	

I _____ AM ATTACHING A FLOOR PLAN IN DUPLICATE SHOWING MEASUREMENTS AND DESIGNATION OF EACH ROOM, OR IF THE APPLICATION IS FOR RENEWAL OF LICENCE, I HEREBY CONFIRM THAT THERE HAS BEEN NO CHANGE IN THE NUMBER, LOCATION, SIZE AND USE OF THE ROOMS IN THE ABOVE PREMISES SINCE THE ISSUE OF LICENCE FOR THE YEAR _____. **_____**

APPLICANT'S SIGNATURE AND TITLE

FORM 2 – CONSENT OF AGENT FOR KEEPER OF LODGING HOUSE

I, _____HEREBY CONSENT TO ACT AS AGENT FOR _____, THE KEEPER OF A LODGING HOUSE AT _____.

- **I HERBY ACKNOWLEGE THAT AS AGENT FOR THE SAID KEEPER I AM RESPONSIBLE FOR THE OPERATION OF THE SAID LODGING HOUSE.**
- **I SHALL FORTHWITH NOTIFY THE LICENCING 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 LODGING HOMES AND I UNDERSTAND THAT I CAN BE PROSECUTED FOR VIOLATION THEREOF.**

_____ **_____**
SIGNATURE OF AGENT **DATE (MM/DD/YYYY)**

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