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

PET SHOP 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:	

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	
PET SHOP	☐ NEW - $337.00	☐ RENEWAL - $255.00

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? (FOR WHICH A PARDON HAS NOT BEEN GRANTED)
YES ☐ NO ☐ IF YES: Year?_____
Location?_____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

☐	Veterinarian Agreement	☐	Business Ownership Declaration Form
☐	Certificate of Incorporation including Directors, if applicable	☐	Business Name Registration / Franchise Agreement, 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 Clearance	☐	By-law Enforcement-Inspection
☐	Humane Society-Inspection		

THE LICENCE RENEWAL DEADLINE IS ON 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 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