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

PLUMBING CONTRACTOR – (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		
PLUMBING – CONTRACTOR	☐	**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?
YES ☐ **NO** ☐ **IF YES: Year?**_____

Location?_____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

☐	**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.*	
☐	**Certificate of Incorporation including Driectors, if applicable**	☐	**Business Ownership Declaration**
☐	**List of Employees and Licence Numbers**	☐	**Certificate of Insurance ($2 million minimum)**
☐	**Business Name Registration, if applicable**		

DEPARTMENT DISTRIBUTION ONLY

☐	**Zoning (City of Windsor locations only)**	☐	**Assign H/P Number (new only)**
☐	**Provide Stickers (new only)**	☐	

THE LICENCE RENEWAL DEADLINE IS MAY 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON JUNE 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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PLUMBING CONTRACTOR – PAGE 2

OFFICE USE ONLY

LICENCE #_____

I HERBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR A PLUMBING CONTRACTOR

BUSINESS NAME:	
BUSINESS ADDRESS:	

THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY

IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:

☐ **LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE)**

☐ **LIST OF SHAREHOLDERS**

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**

PLEASE PROVIDE A LIST OF ALL LICENSED MASTER PLUMBERS (ATTACH A SEPERATE LIST IF NECESSARY)

NAME		**LICENCE #**	
NAME		**LICENCE #**	
NAME		**LICENCE #**	
NAME		**LICENCE #**	

PLEASE BE ADVISED THAT WE WILL NOT ISSUE A CONTRACTOR'S LICENCE UNLESS ALL MASTER LICENCES ARE VALID AND / OR UP-TO-DATE

I, _____, DECLARE THE INFORMATION GIVEN IN THIS APPLICATION AND ANY SUPPORTING DOCUMENTS IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I ALSO UNDERSTAND THAT FALSE STATEMENTS COULD RESULT IN REVOCATION OF THE LICENCE IF GRANTED

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_____ **DATE (MM/DD/YYYY)**

_____ **SIGNATURE OF APPLICANT & TITLE**