



**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

**PUBLIC PARKING LOT**

OFFICE USE ONLY

LICENCE # \_\_\_\_\_

**APPLICATION (2 PAGES)**

**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**

NAME UNDER WHICH BUSINESS OPERATES:		PLEASE INDICATE WITH A CHECK MARK: (✓) Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>	
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**

**PUBLIC PARKING LOT**

**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**

Business Ownership Declaration	Certificate of Incorporation including Directors, if applicable
Business Name Registration, if applicable	
Proof of Work Status	<i>(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.</i>
Valid Photo Identification	

**DEPARTMENT DISTRIBUTION ONLY**

Building – Zoning Clearance	
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**BUSINESS OWNERSHIP DECLARATION INFORMATION REQUIRED**

**THE LICENCE RENEWAL DEADLINE IS OCTOBER 31<sup>ST</sup> ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON NOVEMBER 1<sup>ST</sup>. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.**

**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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**APPLICATION-PAGE 2**

BUSINESS NAME:

BUSINESS ADDRESS:

Please indicate with a checkmark (✓) beside the appropriate category shown below which describes the type of business conducted at the abovementioned public garage.

		YES	NO
1.	“Business Parking Lot” means any parking lot or other parking facility for the parking of of vehicles of the customers, visitors, patrons, clients, patients or guests of a business.		
2.	“Commercial Parking Lot” means any parking lot or other parking facility for the parking of vehicles by the public for any fee, however charged.		
3.	“Employee Parking Lot” means any parking lot or other parking facility for the exclusive parking of the vehicles of the employees of a business, or the vehicles of the employees, students or residents of an institution.		
4.	“Residential Parking Lot” means any parking lot or other parking facility for the exclusive parking of vehicles of the occupiers of a dwelling unit or complex of dwelling units, and includes that portion of the parking lot or facility designated as parking for visitors to the dwelling unit or complex.		
5.	“Members’ Parking Lot” means any parking lot or other parking facility for the exclusive parking of the vehicles of the employees or members of a church, club or association.		
6.	Are the parking spaces indicated by clearly visible painted lines?		
7.	Are vehicles towed from your lot? If yes, What is the name of the towing company contracted for this service? _____		
8.	Are Towing signs posted at each entrance of the Parking Lot?		
9.	How many parking spaces are available in each lot?		
10.	How many handicapped parking spaces are available in each lot?		
11.	Please state your hours of operation. Days: _____ Hours: _____		

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DATE (MM/DD/YYYY)

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SIGNATURE OF APPLICANT & TITLE