



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

TOBACCONIST 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 <input type="checkbox"/> <input type="checkbox"/> <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 CLASS OF LICENCE	LICENCE FEES	
	NEW	RENEWAL
TOBACCONIST – MAIN BUSINESS <input type="checkbox"/> OR – ANCILLARY <input type="checkbox"/> (OPERATES UNDER ANOTHER LICENCED BUSINESS)	<input type="checkbox"/> \$337.00	<input type="checkbox"/> \$255.00

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: What type? _____ What year? _____	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____ Location? _____
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PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

Certificate of Incorporation including Directors, if applicable	Business Name Registration / Franchise Agreement, 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	

THE LICENCE RENEWAL DEADLINE IS ON FEBURARY 28th ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON MARCH 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