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

BODY RUB PARLOUR OWNER/ OPERATOR APPLICATION (2 PAGES)

OFFICE USE ONLY
LICENCE #_____

MUST COMPLETE AND RETURN TO OFFICE IN PERSON

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 ☐ 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		
BODY RUB PARLOUR-OWNER/OPERATOR	☐	NEW - $851.00	☐	RENEWAL-$239.00

THIS BUSINESS LICENCE REQUIRES AN ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS $16.95 (INCLUDING HST). PLEASE NOTE THAT THE MUNICIPAL PHOTO ID CARD ISSUED FOR BUSINESS LICENSING PURPOSES IS THE PROPERTY OF THE CITY OF WINDSOR. THERE WILL BE A $28.25 CHARGE (INCLUDING HST) FOR THE REPLACEMENT OF ANY LOST OR STOLEN PHOTO ID CARDS.

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:

☐	Certificate of Incorporation with Directors, if applicable	☐	Business Name Registration, if applicable
☐	Proof of Right to Occupy Premises	☐	Police Records Check **Original issued in the municipality where you reside, not older than 30 days)*
☐	Passport-Sized Colour Photograph (new only)	☐	List of Employees and Licence Numbers
☐	Advertising Samples	☐	Hours of Operation
☐	Business Ownership Declaration Form	☐	Physician's Letter (If acting as attendant)
☐	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 JANUARY 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON FEBRUARY 1ST. 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 131-2011. 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

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

BODY RUB PARLOUR OWNER/ OPERATOR APPLICATION-PAGE 2

OFFICE USE ONLY
LICENCE #_____

MUST COMPLETE AND RETURN TO OFFICE IN PERSON

I HEREBY MAKE APPLICATION UNDER BY-LAW 131-2011 FOR AN OWNER/OPERATOR LICENCE.

LEGAL NAME:	

I AM THE OWNER OF THE FOLLOWING BODY RUB PARLOUR:

THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY

IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:

- ☐ **LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE)**
- ☐ **ANNUAL TAX RETURN FOR THE MOST RECENT TAXATION YEAR**
- ☐ **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**

I HAVE NEVER HAD ANY LICENCE REFUSED/CANCELLED BY ANY MUNICIPALITY EXCEPT AS FOLLOWS:

NAME OF MUNICIPALITY:	**TYPE OF LICENCE:**

REASON FOR REFUSAL/CANCELLATION:

PREVIOUSLY OWNED BODY RUB PARLOUR(S)

NAME OF BUSINESS:	ADDRESS OF BUSINESS:

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 131-2011. 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**