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

PERSONAL SERVICE AGENT 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		
PERSONAL SERVICE AGENT	☐	NEW - $239.00	☐	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:

☐	Police Records Check (**Original, not more than 30 days old & issued by municipality you reside)*	☐	Business Ownership Declaration Form
☐	Certificate of Incorporation including Directors, if applicable	☐	Business Name Registration, 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:

☐	Windsor Police Services (Notification)		

THE LICENCE RENEWAL DEADLINE IS FEBRUARY 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.

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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PERSONAL SERVICE AGENT APPLICATION-PAGE 2

OFFICE USE ONLY
LICENCE #_____

MUST COMPLETE AND RETURN TO OFFICE IN PERSON

I HEREBY MAKE APPLICATION UNDER BY-LAW 395-204 FOR A PERSONAL SERVICE AGENT LICENCE.

LEGAL NAME:	
OTHER NAMES USED:	

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**

PERSONAL INFORMATION

PLACE OF BIRTH:		**HEIGHT:**	
		WEIGHT:	

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 PERSONAL SERVICE AGENCY(S):

NAME OF BUSINESS:	ADDRESS OF BUSINESS:

By making application, I hereby declare that:

- I shall not commence operation as a Personal Service Agent until the formal licence is issued to me.
- The information given on this application and any supporting documentation is true, correct and complete in every respect and I understand that false statements could result in the revocation of the licence if granted.

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_____ _____

DATE (MM/DD/YYYY) **SIGNATURE OF APPLICANT & TITLE**