



**OFFICE OF THE CITY CLERK**

**Policy, Gaming & Licensing**

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**www.citywindsor.ca**

**BUSINESS OWNERSHIP DECLARATION**

➤ ***If your business is a CORPORATION:***

I, \_\_\_\_\_, of the Municipality of \_\_\_\_\_, Province of Ontario,  
**(Your Name)** **(Where You Reside)**

being the \_\_\_\_\_ of \_\_\_\_\_ herein after referred to as the  
**(Title)** **(Corporation Name and/or Number)**

“Corporation”, in the matter of Licensing Application for \_\_\_\_\_ hereby declare:  
**(Licence Type)**

That the Corporation shall carry on business as \_\_\_\_\_ at  
**(Trade Name)**  
\_\_\_\_\_ during the currency of the licence, if granted.  
**(Business Address)**

I hereby declare I am an authorized signing officer with, and therefore have authority to bind, the Corporation and that all information included in this form is complete and accurate.

\_\_\_\_\_  
**Signature** **Print Name** **Date (MM/DD/YYYY)**

➤ ***If your business is a SOLE PROPRIETORSHIP:***

I, \_\_\_\_\_, of the Municipality of \_\_\_\_\_, Province of Ontario,  
**(Your Name)** **(Where You Reside)**

being the Owner of \_\_\_\_\_ herein after referred to as the “Business”, in the matter  
**(Business Name)**

of Licensing Application for \_\_\_\_\_ hereby declare:  
**(Licence Type)**

That the Business shall carry on/operate as \_\_\_\_\_ at  
**(Trade Name)**  
\_\_\_\_\_ during the currency of the licence, if granted.  
**(Business Address)**

I hereby declare that all information included in this form is complete and accurate.

\_\_\_\_\_  
**Signature** **Print Name** **Date (MM/DD/YYYY)**

➤ ***If your business is a PARTNERSHIP:***

I, \_\_\_\_\_, of the City of \_\_\_\_\_, Province of Ontario,  
**(Your Name)** **(Where You Reside)**

being the Owner of \_\_\_\_\_ herein after referred to as the “Partnership”  
**(Business Name)**

of Licensing Application for \_\_\_\_\_ hereby declare:  
**(Licence Type)**

That the Partnership shall carry on business as \_\_\_\_\_ at  
**(Trade Name)**  
\_\_\_\_\_ during the currency of the licence, if granted.  
**(Business Address)**

I hereby declare that I am authorized to sign on behalf of the Partnership and that all information included in this form is complete and accurate.

\_\_\_\_\_  
**Signature** **Print Name** **Date (MM/DD/YYYY)**