

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

BUSINESS OWNERSHIP DECLARATION

| If your business is a <u>COI</u> | RPORATION: | |
|--|--|---|
| · | , of the Municipality of(Where You Ro | , Province of Ontario, |
| (Your <i>Name</i>) | (Where You Ro | eside) |
| eing the | of(Corporation Name and/or Numb | herein after referred to as the |
| (Title) | (Corporation Name and/or Numb | per) |
| Corporation", in the matter of Lice | nsing Application for | Type) hereby declare: |
| | (Licence | Type) |
| hat the Corporation shall carry on | n business as(<i>Trade Name</i> | at |
| | | e) e currency of the licence, if granted. |
| (Business | Address) | , , |
| hereby declare I am an authorize | d signing officer with, and therefore have autho | ority to bind, the |
| corporation and that all information | n included in this form is complete and accurate | |
| סוףטומנוטוו מווט נוומנ מוו ווווטוווומנוטו | Included in this form is complete and accurate | e. |
| Signature | Print Name | Date (MM/DD/YYYY) |
| o.g | | |
| | | |
| If your business is a <u>SOL</u> | <u>LE PROPRIETORSHIP</u> : | |
| | , of the Municipality of(Where You F | , Province of Ontario, |
| (Your Name) | (Where You F | Reside) |
| eing the Owner of | herein after referre | d to as the "Business", in the matter |
| (Busin | ness Name) | |
| of Licensing Application for | | hereby declare: |
| | (Licence Type) | |
| hat the Business shall carry on/oן | perate as | at |
| | (Trade Name | e) ne currency of the licence, if granted. |
| (Business | s Address) | ie currency of the hoerioe, if granted. |
| hereby declare that all information | n included in this form is complete and accurate | e |
| nordby addiand that all line in addi | Thomas and the form to complete and accorde | . |
| Signature | Print Name | Date (MM/DD/YYYY) |
| | | |
| | | |
| If your business is a PAF | <u>RTNERSHIP</u> : | |
| | , of the City of(Where You | , Province of Ontario, |
| (Your <i>Name</i>) | (Where You | Reside) |
| eing the Owner of | (Business Name) herein a | after referred to as the "Partnership" |
| | (Business Name) | |
| of Licensing Application for | (Licence Type) | hereby declare: |
| | (Licence Type) | |
| hat the Partnership shall carry on | business as | at |
| | (<i>Trade Na</i> during the | ame) e currency of the licence, if granted. |
| (Business A | Address) | o ourrolley of the liverioe, if granted. |
| hereby declare that I am authorize omplete and accurate. | red to sign on behalf of the Partnership and tha | t all information included in this form i |
| Cianatura | Duint Name | Doto (MANIDD AAAA) |
| Signature | Print Name | Date (MM/DD/YYYY) |