

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)