



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

TOBACCONIST APPLICATION

OFFICE USE ONLY

LICENCE # _____

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 <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>
STREET ADDRESS:		BUS. PHONE:		
		FAX NUMBER:		
CITY, PROVINCE:		POSTAL CODE:		

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE:

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY

LICENCE FEES

CLASS OF LICENCE	NEW	RENEWAL
TOBACCONIST – MAIN BUSINESS <input type="checkbox"/> OR – ANCILLARY <input type="checkbox"/> (OPERATES UNDER ANOTHER LICENCED BUSINESS)	<input type="checkbox"/> \$232.00	<input type="checkbox"/> \$191.00

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?
 YES NO IF YES: Year? _____
 Location? _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- 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:

Building-Zoning Clearance	
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BUSINESS OWNERSHIP DECLARATION INFORMATION REQUIRED

IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:

- Letters of Incorporation (Notarized copy is acceptable)
- 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

PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, ROOM 203, WINDSOR, ON N9A 6S1. THE LICENCE RENEWAL DEADLINE IS ON 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