THE CITY OF WINDSOR
ONTARIO, CANADA

OFFICE OF THE CITY CLERK

Policy, Gaming, Licensing & By-Law Enforcement
350 City Hall Square West - Suite 110
Windsor, ON N9A 6S1
Ph: 519-255-6200, Option 1 Fax: 519-255-6868
www.citywindsor.ca

AUTOMOBILE SERVICE STATION

APPLICATION (2 PAGES)

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

CORPORATION NUMBER AND OPERATING NAME:		**PLEASE INDICATE WITH A CHECK MARK:(√)** Corporation ☐ Sole Proprietorship ☐ Partnership ☐	
EMAIL ADDRESS:			
STREET ADDRESS:		**BUS. PHONE:**	
		EMAIL ADDRESS:	
CITY, PROVINCE:		**POSTAL CODE:**	

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE

STREET ADDRESS:		**CITY, PROVINCE:**	
		POSTAL CODE:	

THERE IS A *SEPARATE FEE* FOR EACH SUB-CATEGORY INDICATED BELOW:

AUTOMOBILE SERVICE STATION FEES A & B			**AUTOMOBILE SERVICE STATION FEES C, D & E**		
	NEW - $397.00	**RENEWAL - $315.00**		**NEW - $337.00**	**RENEWAL-$315.00**
A	**VEHICLE REPAIRS & ALTERATIONS**		**C**	**RENTING/VEHICLES USED FOR HIRE**	**E** GAS AND/OR OIL FOR SALE
B	**CAR WASH (PAID)**		**D**	**VEHICLES FOR SALE**	

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

☐	**Certificate of Incorporation including Directors, if applicable**	☐	**Business Name Registration OR Franchise Agreement, if applicable**
☐	**Police Records Check (REPAIRS licence only)** ***Original, not more than 30 days old & issued by municipality of residence)***	☐	**Current Technical Standards & Safety Authority Approval(s) for Gas and /or Propane (TSSA)**
☐	**Business Ownership Declaration Form**	☐	
☐	**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**		

NOTE: APPLICATIONS ACCEPTED UNTIL 3:30 PM MONDAY-FRIDAY, EXCEPT HOLIDAYS

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 & By-law Enforcement 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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AUTOMOBILE SERVICE STATION APPLICATION-PAGE 2

OFFICE USE ONLY

LICENCE #_____

I hereby make application under By-law 395-2004 for an Automobile Service Station Licence.

BUSINESS NAME:	
BUSINESS ADDRESS:	

THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY

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 INDICATE BY CHECKMARK THE TYPE OF SERVICE(S) CONDUCTED AT THE ABOVE NOTED BUSINESS

		YES	NO
1.	**ARE MOTOR VEHICLES RENTED OR USED FOR HIRE?**		
2.	**DO YOU SELL MOTOR VEHICLES?** **PLEASE STATE THE MAXIMUM CAPACITY (NUMBER OF SPACES) OF YOUR SALES LOT _____** ***PRIOR APPROVAL FROM PLANNING DEPARTMENT REQUIRED IF "TOTAL CAPACITY" IS BEING INCREASED***		
3.	**DO YOU SELL GAS AND/OR OIL?** ***THIS DOES NOT INCLUDE OIL USED IN CONJUNCTION WITH OIL CHANGES PERFORMED ON THE PREMISES**		
4.	**DOES THE LOCATION SELL ANY FOOD, DRINK OR TOBACCO PRODUCTS?**		
5.	**DO YOU SELL PROPANE GAS AT THE ABOVE LOCATION?** ***SEPARATE TSSA CERTIFICATES ARE REQUIRED FOR PROPANE AND GAS**		
6.	**DO YOU MAKE ALTERATIONS OF ANY KIND TO MOTOR VEHICLES?** ****EXAMPLES INCLUDE BUT NOT LIMITED TO: REPAIRS, OIL CHANGE, TIRE REPAIR, PAINTING, UPHOLSTERY ETC.***		
7.	**DO YOU OPERATE OR PROVIDE A PAID CAR WASH?**		

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