



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

BODY MODIFICATION 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

CORPORATION NUMBER AND OPERATING NAME:		PLEASE INDICATE WITH A CHECK MARK: (√) Corporation Sole Proprietorship Partnership <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
STREET ADDRESS:		BUS. PHONE:	
		EMAIL ADDRESS:	
CITY, PROVINCE:		POSTAL CODE:	

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY	LICENCE FEES		
BODY MODIFICATION		NEW - \$511.00	RENEWAL-\$255.00

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> IF YES: Year? _____ Location? _____
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PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

Certificate of Incorporation including Directors, if applicable	Business Name Registration OR Franchise Agreement, if applicable
Personal Services Settings Course Certificate	Windsor / Essex Board of Health Approval (519-258-2146)
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	

THE LICENCE RENEWAL DEADLINE IS NOVEMBER 30ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

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

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I also 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