THE CITY OF WINDSOR
ONTARIO, CANADA

OFFICE OF THE CITY CLERK
Policy, Gaming & Licensing
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BUSINESS OWNERSHIP DECLARATION

- ***If your business is a CORPORATION:***

I, _____, of the Municipality of _____, Province of Ontario,
(Your *Name*) **(Where You Reside)**

being the _____ of _____ herein after referred to as the
(Title) **(*Corporation Name and/or Number*)**

"Corporation", in the matter of Licensing Application for _____ hereby declare:
(*Licence Type*)

That the Corporation shall carry on business as _____ at
(*Trade Name*)
_____ during the currency of the licence, if granted.
(*Business Address*)

I hereby declare I am an authorized signing officer with, and therefore have authority to bind, the

Corporation and that all information included in this form is complete and accurate.

_____ _____ _____
Signature **Print Name** **Date (MM/DD/YYYY)**

- ***If your business is a SOLE PROPRIETORSHIP:***

I, _____, of the Municipality of _____, Province of Ontario,
(Your *Name*) **(Where You Reside)**

being the Owner of _____ herein after referred to as the "Business", in the matter
(*Business Name*)

of Licensing Application for _____ hereby declare:
(*Licence Type*)

That the Business shall carry on/operate as _____ at
(*Trade Name*)
_____ during the currency of the licence, if granted.
(*Business Address*)

I hereby declare that all information included in this form is complete and accurate.

_____ _____ _____
Signature **Print Name** **Date (MM/DD/YYYY)**

- ***If your business is a PARTNERSHIP:***

I, _____, of the City of _____, Province of Ontario,
(Your *Name*) **(Where You Reside)**

being the Owner of _____ herein after referred to as the "Partnership"
(*Business Name*)

of Licensing Application for _____ hereby declare:
(*Licence Type*)

That the Partnership shall carry on business as _____ at
(*Trade Name*)
_____ during the currency of the licence, if granted.
(*Business Address*)

I hereby declare that I am authorized to sign on behalf of the Partnership and that all information included in this form is complete and accurate.

_____ _____ _____
Signature **Print Name** **Date (MM/DD/YYYY)**