THE CITY OF WINDSOR
ONTARIO, CANADA

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

CARNIVAL/CIRCUS 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 ☐	
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
CARNIVAL/CIRCUS	NEW - $255.00 PER DAY

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 with Directors, if applicable	☐	Business Name Registration, if applicable
☐	Property Use Permission Form (Privately-Owned Land)	☐	Agreement with Recreation Department (City-Owned Land)
☐	Proof of Right to Occupy Premises	☐	Business Ownership Declaration Form
☐	Site Plan	☐	Ontario Amusement Device Permits- for each ride
☐	Certificate of Insurance (Minimum of $2,000,000)	☐	Windsor/Essex Health Unit Approval (519-258-2146)
☐	Technical Standards & Safety Authority Approval(s) (if rides are provided)		
☐	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		

THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE DATE OF OPENING/OPERATION. ANY APPLICATIONS RECEIVED AFTER THE 60 DAYS WILL NOT BE ACCEPTED.

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 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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CARNIVAL/CIRCUS

APPLICATION-PAGE 2

OFFICE USE ONLY

LICENCE #_____

I HEREBY MAKE APPLICATION UNDER BY-LAW 395-2004 FOR A CARNIVAL/CIRCUS 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 ANSWER THE FOLLOWING QUESTIONS BELOW:

1.	**HOW MANY DAYS WILL YOU BE HOLDING YOUR EVENT?**		
2.	**WHAT ARE THE DATES YOU WILL BE HOLDING YOUR EVENT? From:_____ To:_____**		
3.	**WHAT IS THE LOT & PLAN # OF THE LOCATION WHERE YOU ARE HOLDING YOUR EVENT?**		
4.	**WILL THE EVENT BE HELD ON PRIVATE OR CITY OWNED PROPERTY?**		
5.	**WILL THE EVENT HAVE AMUSEMENT RIDES FOR THE PUBLIC?**	**YES**	**NO**
6.	**IF ANY, HOW MANY SIDESHOWS WILL YOU BE HOLDING AT YOUR EVENT?**		

I, _____, DECLARE THE INFORMATION GIVEN IN THIS APPLICATION AND ANY SUPPORTING DOCUMENTS IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I ALSO UNDERSTAND THAT FALSE STATEMENTS COULD RESULT IN REVOCATION OF THE LICENCE IF GRANTED.

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_____ _____

DATE (MM/DD/YYYY) **SIGNATURE OF APPLICANT & TITLE**