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

ENTERTAINMENT LOUNGE 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	
ENTERTAINMENT LOUNGE	☐ **NEW - $782.00**	☐ **RENEWAL-$635.00**

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

☐	**Certificate of Incorporation including Directors, if applicable**	☐	**Business Name Registration, if applicable**
☐	**Windsor/Essex Board of Health Approval (519-258-2146)**	☐	**Copy of Liquor Licence**
☐	**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 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.

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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ENTERTAINMENT LOUNGE APPLICATION-PAGE 2

OFFICE USE ONLY
LICENCE #_____

I hereby make application under By-law 395-2004 for an Entertainment Lounge Licence.

BUSINESS NAME:	
BUSINESS ADDRESS:	

THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY MUST COMPLETE AND RETURN TO OFFICE IN PERSON

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.	DOES THE PREMISES HAVE A DANCE FLOOR?		
2.	DOES THE PREMISES PROVIDE LIVE OR PRE-RECORDED MUSIC?		
3.	ARE TOBACCO PRODUCTS SOLD ON THE PREMISES?		
4.	HAVE ALL THE EMPLOYEES TAKEN THE FOOD HANDLING COURSE OFFERED BY THE WINDSOR ESSEX COUNTY HEALTH UNIT?		
5.	IS FOOD COOKED ON THE PREMISES?		
6.	IS ANY FOOD COOKED WITH GREASE, FAT AND/OR OTHER COOKING OIL?		
7.	DO YOU SELL ALCOHOL? IF YES, PLEASE PROVIDE COPY OF YOUR VALID LIQUOR LICENCE.		

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