



Licensing Section of the Clerks Department
 1 Halton Hills Drive
 Halton Hills, Ontario L7G 5G2
 Tel: 905-873-2600 Fax: 905-873-1431

Application for a

ADULT ENTERTAINMENT ESTABLISHMENT LICENCE

TERM OF LICENCE: ONE YEAR EXPIRING JANUARY 31ST

PLEASE SUBMIT COPY OF:

BUSINESS NAME REGISTRATION (Copy)
 COMMERCIAL LIABILITY INSURANCE
 ATTACH ARTICLES OF INCORPORATION
 (if applicable)

OWNER OPERATOR:

PHOTO IDENTIFICATION
 FLOOR PLAN
 SITE PLAN
 POLICE SECURITY CLEARANCE REQUEST
 STATEMENT OF SERVICE & CHARGES
 IDENTITY & ADDRESSES OF ALL PERSONS
 HAVING AN INTEREST
 IDENTITY & ADDRESSES OF ALL PERSONS
 RECEIVING INCOME, REVENUE OR BENEFITS
 LEASE AGREEMENT
 COPY OF HEALTH NOTICE (PROOF)
 UPDATED LIST OF ALL EMPLOYEES & ENTERTAINERS

ENTERTAINER:

PHOTO IDENTIFICATION
 PASSPORT SIZE PHOTOS (2)
 POLICE SECURITY CLEARANCE
 REPORT
 MEDICAL CERTIFICATE

LICENCE FEE \$ _____
 (Cheque payable to the Town of Halton Hills)

SECTION A: To be completed in full by the applicant

APPLICANT IS:	SOLE PROPRIETORSHIP	PARTNER IN A PARTNERSHIP	AN OFFICER OR DIRECTOR OF A CORPORATION
NAME			PHONE NO.
ADDRESS	TOWN	Postal Code	
BUSINESS OPERATING NAME:			
BUSINESS ADDRESS	TOWN	Postal Code	
BUSINESS PHONE NO.			FAX NO.
BUSINESS EMAIL ADDRESS			

WILL YOU SELL FOOD? YES NO **IF YES, COMMERCIAL LIABILITY INSURANCE REQUIRED?**

DESCRIBE TYPE OF SERVICES & ENTERTAINMENT OFFERED: _____

WILL YOU OPERATE AN ADULT MINI-THEATRE ON THE PREMISES? YES NO

HAS A CHANGE OF USE OF THE BUILDING OR PREMISES OCCURRED? YES NO

HAVE OR WILL BUILDING ALTERATIONS REQUIRING A BUILDING PERMIT BE CARRIED OUT? YES NO

IS THE APPLICANT CURRENTLY LICENSED AS AN OWNER IN ANY OTHER ONTARIO MUNICIPALITY? YES NO
 If yes, give full particulars: _____

HAS THE APPLICANT EVER HAD ANY LICENCE OR REGISTRATION OF ANY KIND REFUSED, SUSPENDED, REVOKED OR CANCELLED? YES NO
 If yes, give full particulars: _____

HAS THE APPLICANT BEEN CONVICTED UNDER ANY LAW OF ANY COUNTRY, OR STATE, OR PROVINCE THEREOF, OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES NO
 If yes, give full particulars: _____

IS THERE ANY PERSON OR CORPORATION WHOSE NAME IS NOT DISCLOSED IN THIS APPLICATION, WHO HAS ANY FINANCIAL INTEREST IN THE APPLICANT, OR WHO OTHERWISE EXERCISES CONTROL OR DIRECTION OVER THE APPLICANT?

YES NO

If yes, give full particulars: _____

Name: _____

Address: _____

The Applicant acknowledges that the Licence is subject to the provisions of the Town of Halton Hills Licensing By-law No. 2005-0067 and agrees to comply with these provisions. The information contained in this application for a Business Licence is true and correct. I am the applicant or, where the applicant is a corporation or partnership, I am a person who has authority to bind the applicant.

Print Name: _____

Title: _____

Signature: _____

Date: _____

OPTIONAL: I authorize the Town of Halton Hills to post my business name on the Town's website only to indicate to the public that I am a licensed business that meets the requirements of the Town of Halton Hills Licensing By-law No. 2005-0067.

Signature: _____

Date: _____

I AUTHORIZE AN OFFICER TO ENTER UPON THE PREMISES: named in this application to carry out inspections

Name of PROPERTY OWNER: _____

Signature of PROPERTY OWNER: _____

AFFIDAVIT

TO BE COMPLETED BY one of the Partners, an Officer or a Director of the corporation or an individual in the presence of a Justice of the Peace, a Commissioner of Oaths, Lawyer, etc.

The applicant declares that:

I, _____ of _____

(name)

(City/Town)

In the _____ do solemnly declare:

(County/Region)

1) I am the: Applicant, Authorized Agent, or: _____

2) To the best of my knowledge, information, and belief, the information in the application is true.

3) The business will not commence until a licence has been issued by the Town of Halton Hills.

Sworn before me at the:

(City/Town)

(Signature of Applicant/Corporate Officer)

In the Judicial District of: _____

(Corporate Position)

this _____ day of _____ 20, _____

(Commissioner of Oaths)

SECTION B: To be completed if business is a partnership or corporation

NAME OF PARTNERSHIP OR CORPORATION: _____

MAILING ADDRESS: _____
(If different from above)

CITY

Postal Code

NAME OF PARTNER: _____

PHONE NO.

ADDRESS: _____

CITY

Postal Code

SECTION C: List other Officers, Directors, Partners, Shareholders or any person having a financial interest

1. Name: _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____ Tel: (____)-_____-_____
Date of Birth: ____/____/____ Position: _____
 YY MM DD

2. Name: _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____ Tel: (____)-_____-_____
Date of Birth: ____/____/____ Position: _____
 YY MM DD

3. Name: _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____ Tel: (____)-_____-_____
Date of Birth: ____/____/____ Position: _____
 YY MM DD

4. Name: _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____ Tel: (____)-_____-_____
Date of Birth: ____/____/____ Position: _____
 YY MM DD

5. Name: _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____ Tel: (____)-_____-_____
Date of Birth: ____/____/____ Position: _____
 YY MM DD

6. Name: _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____ Tel: (____)-_____-_____
Date of Birth: ____/____/____ Position: _____
 YY MM DD

Personal Information contained in this form is collected under the authority of Section 155 of the Municipal Act 2001, c. 25 and the Town of Halton Hills By-law No. 2005-0067, as amended for the purpose of issuing a business licence and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding this collection may be directed to the Office of the Town Clerk.

This form is subject to change. Refer to www.haltonhills.ca, (Under Business Section, choose Business Licensing) for the latest edition. June 2005