



The City Above Toronto

ADULT ENTERTAINMENT LICENSE APPLICATION FORM

Attendant

Operator

LICENSING REQUIREMENTS:

- Completed application form, Proof of being at least 18 years of age, Proof of being eligible to gain employment in Canada, Applicable fee

Full Legal Name: (SURNAME) (GIVEN)

List all Aliases and Stage Names Used:

Address:

(CITY) (PROVINCE) (POSTAL CODE)

Phone Number: (HOME) (CELLULAR)

Email Address

Driver's License No. (PROVINCE OF ISSUE)

Identifying marks, tattoos, birthmarks, etc. (List all and locations):

Date of Birth: Month / Day / Year Place of Birth: City/Town Prov/State Country

Documents submitted if Place of Birth is outside Canada:

- WORKING PERMIT, LANDED STATUS DOCUMENTS, CITIZENSHIP DOCUMENTS

Name of the Adult Entertainment Parlour you will be employed by:

*** READ CAREFULLY BEFORE SIGNING THIS APPLICATION ***

This application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act.

Questions relating to the collection of this information should be directed to the Licensing Officer, 2141 Major Mackenzie Drive, Vaughan, Ontario, L6A 1T1, (905) 832-8504.

By signing this application the Applicant agrees that all information provided is true. The Applicant further agrees that any false information may result in a revocation of any license that may be issued.

Signature of New Applicant: Date:

By signing the renewal portion this application below the Applicant agrees that all information provided is true. The Applicant further agrees that any false information may result in a revocation of any license that may be issued

Renewal Signature of Applicant: Date:

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Renewal Signature of Applicant: Date:

OFFICE USE ONLY

License Number: _____ Accepted By: _____ Date of Issue: _____

Comments: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Comments: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Comments: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Comments: _____