



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

This application may contain "personal information as defined under the Municipal Freedom of Information and Protection to Privacy Act. This information is required pursuant to the terms of the Municipal Act. It will be used by the city of Vaughan to process this application to determine whether to issue a license, for administration of such license, and for law enforcement purposes to ensure compliance will all applicable statutes, regulations and by-laws.

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 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:** \_\_\_\_\_

**Renewal Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Renewal Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Attendant License Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Operator License Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Comments: \_\_\_\_\_

Attendant Renewal Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Operator Renewal Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Comments: \_\_\_\_\_

Attendant Renewal Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Operator Renewal Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Comments: \_\_\_\_\_

Attendant Renewal Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Operator Renewal Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Comments: \_\_\_\_\_



The City Above Toronto

BODY RUB ATTENDANT
MEDICAL CLEARANCE FORM

TO BE COMPLETED BY PATIENT:

Patient Name: (Surname) (Given)

Address:

(City) (Province) (Postal Code)

Social Insurance Number: Health Card Number:

Date of Birth: Place of Birth: Gender:

I, certify that the information on this form is true and correct to the best of my knowledge and agree to this and any future report generated from this examination being forwarded to the City of Vaughan Clerk's Department, Licensing Section.

Applicant's Signature: Date:

I, the undersigned hereby certify that I have examined the above named person and performed all necessary tests to ascertain that the above person to be free from communicable or transmissible disease.

Physician Signature: Date of Examination:

Physician Stamp