



**ADULT ENTERTAINMENT PARLOR
APPLICATION FORM**

Application for a Business Licence pursuant to By-law 157-12 of the City of Cambridge.

Owner or Operator: Please indicate:	Sole Proprietor, Partnership or Corporation. Please indicate:
Name of Applicant:	If partnership or corporation, indicate name, position, age and address of all partners or directors of corporation and person signing on behalf of partnership or corporation (This is located on pages 3 and 4)
Address of applicant or partnership or corporation operating the Adult Entertainment Parlor:	Name of Owner/Operator(s) of Adult Entertainment Parlor:
Name of Adult Entertainment Parlor:	Municipal Address of Adult Entertainment Parlor:
Previous Use of Building/Unit:	Has the Applicant ever been convicted of a criminal offence? Please indicate yes or no: If yes, indicate offence and date:

<p>Has anyone recently performed construction or installed plumbing? Please indicate yes or no:</p>	<p>If yes indicate approximate date(s) of construction/plumbing installation:</p>
--	--

Applicant’s Signature:

FOR OFFICE USE ONLY

Issue Date:

Approved By:

Licence Fee:

Method of Payment:

NOTES:

I certify that the information above is accurate and complete and understand that any false or incomplete information may invalidate my application and any permission, approval or permit I have been granted.

Personal information contained on this application is collected pursuant to the Municipal Act, S.O., 2001, C25 Section 150-162 and the City of Cambridge Adult Entertainment By-law and will be used for the purpose of issuing an Adult Entertainment Licence. Questions about this collection should be directed to the Licensing Officer at the office of the Human Resources & Legislative Services/Clerk’s Division, 50 Dickson Street, Second Floor, Cambridge, Ontario, N1R 5W8 or Phone 519-740-4680, ext. 4581.

THE FOLLOWING APPROVALS ARE REQUIRED

ZONING REPORT

I certify that the proposed use is in conformity with the zoning regulations currently in force.

Date: _____

Zoning Administrator
519-740-4650
50 Dickson Street, 3rd Floor
Cambridge, ON
N1R 5W8

CHIEF BUILDING INSPECTOR REPORT

Having conducted the investigations required by By-law No. _____ I hereby recommend the granting of a business Licence to the application.

Date: _____

Per: Chief Building Inspector
519-740-4650
50 Dickson Street, 3rd Floor
Cambridge, ON

N1R 5W8

FIRE INSPECTOR REPORT

I approve of the use of the premises for the purpose of the noted Licence.

Date: _____

Per: Fire Inspector
519-621-0754
1625 Bishop Street
Cambridge, ON
N1R 5W8

MEDICAL OFFICER OF HEALTH REPORT

I approve of the use of the premises for the purpose of the noted Licence.

Date: _____

Per: Medical Officer of Health
519-883-2008
99 Regina Street South
Waterloo, ON
N2J 4J3

REGIONAL POLICE REPORT

Having conducted the investigation required by the City’s Adult Entertainment By-law, our records Agree or Disagree (Indicate which) _____ with the information supplied by the applicant.

Date: _____

Per: Chief of Police
519-653-7700
176 Hespeler Road
Cambridge, ON
N1R 6V7

I authorize the Waterloo Regional Police to check this information:

PARTNERSHIP

Name:

Title:

Address:

Phone:

Date of Birth:

Proof of age is required

CORPORATION

Name:

Title:

Address:

Phone:

Date of Birth:

Proof of age is required

**In the matter of an application for an Adult Entertainment Parlor
Owner/Operator Licence:**

I, _____ of the City of _____
in the Province of Ontario,

Do Solemnly Declare That,

1. I am of the full age of majority.
2. I have full knowledge of the statements made in this application.
3. the statements herein are to the best of my knowledge and belief true in substance and in fact, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.
4. I have full knowledge of the provisions of By-law No. 157-12 being a by-law to Licence, regulate, govern and classify Adult Entertainment Parlors in the City of Cambridge.

Declared before me at the _____ of _____

_____ in the Region _____ of Waterloo, on the _____ day of
_____, 20_____

Name of Applicant:

Signature of Applicant:

A Commissioner:

Residential Address:

Residence and Business Telephone Number:

**DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION
FORM:**

1. Copy of Title of Ownership to property or Lease Agreement of property.
2. Copy of Partnership Agreement or Incorporation Papers.
3. Copy of Liquor Licence.
4. Copy of Police Clearance Letter