

**ADULT ENTERTAINMENT PARLOR
APPLICATION FORM**

**Fee: \$4147.00 For New
\$2473.00 Renewal**

Owner: Operator:

1. Name of applicant. _____

Sole Proprietor Partnership Corporation

2. 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

3. Address of applicant or partnership or corporation operating the Adult Entertainment Parlor.

4. Name of owner/operator(s) of Adult Entertainment Parlor:

5. Name of Adult Entertainment Parlor:

6. Municipal Address of Adult Entertainment Parlor:

7. Previous Use of Building/Unit:

8. Has the Applicant ever been convicted of a criminal offence: Yes No

If yes, indicate offence and date:

9. Has anyone recently performed construction or installed plumbing? Yes ____ No ____

10. If yes indicate approximate date(s) of construction/plumbing installation _____

PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES

Zoning Dept.: 519-740-4650, 50 Dickson Street, 3rd Floor, Cambridge, ON

planning@cambridge.ca

Signature: _____ Date: _____

Fire Dept.: 519-621-6001, 1625 Bishop Street, Cambridge, ON

fire@cambridge.ca

Signature: _____ Date: _____

Building Dept.: 519- 740-4650, 50 Dickson Street, 3rd Floor, Cambridge, ON

(Required for NEW or Transfers of location ONLY)

Planning @cambridge.ca

Signature: _____ Date: _____

Health Dept.: 519-575-4400 99 Regina Street S, Waterloo, ON

publichealth@regionofwaterloo.ca

Signature: _____ Date: _____

PARTNERSHIP

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>D.O.B.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CORPORATION

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>D.O.B.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information 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.

Incomplete application forms will not be accepted.

Signature: _____ Date: _____

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 business licensing by-law and will be used for the purpose of issuing business Licenses. Questions about this collection should be directed to the Business Licensing Compliance Officer, 50 Dickson Street, second floor, Cambridge, Ontario, N1R 5W8 or phone 519-740-4680, ext. 4581.