

# Application for Adult Entertainment Licence

**Niagara Region**  
Business Licensing  
5853 Peer Street, Second Floor  
Niagara Falls, Ontario, L2G 1X4

905-980-6000 ext. 6380  
niagararegion.ca/business

**Please complete and return this form in person**

Initial Application

Renewal

Replacement

Applicant's full name:

Applicant's stage name:

Date of birth (mm/dd/yyyy):

\*Country of birth:

*\*Please note: If born outside Canada, proof of citizenship, landed immigrant status and/or valid work permit is required.*

Height:

Weight:

Hair colour:

Eye colour:

Address:

City:

Postal code:

Phone number:

Cell phone number:

Email address:

**List all adult entertainment clubs you intend to work at:**

**All applicants must answer the following questions:**

Have you ever been convicted of an offence under the Criminal Code of Canada (for which you have not been granted a pardon)? If so, list offences and approximate date of conviction:

Have you ever been convicted of an offence under the Controlled Drugs and Substance Act (for which you have not been granted a pardon)? If so, list offences and approximate date of conviction:

**At least two of the following pieces of identification must be provided, as well as Government proof of Social Insurance:**

Passport, Citizenship Card, Birth Certificate, Birth Registration, Baptismal Certificate, Driver's Licence, Immigration Documents, Status Card, Nexus, LCBO Identification Card and Provincial Identification card.

**At least one of the above pieces of identification must have a photograph.** The applicant understand that a copy of the photograph and a copy of the Application Registration will be retained by the Licencing office for a period of two years. All Applicants must provide **government proof of their Social Insurance Number along with the required identification.**

---

**Declaration:**

I, the applicant, understand that making a false statement in this application could result in a refusal to issue a licence, or in suspension or revocation of a licence at a later date.

I hereby authorize release to the Niagara Region any and all particulars of my criminal record.

In consideration of the release of the information by the Niagara Region. I hereby release and forever discharge Niagara Region and all of its members for damages or for loss or injury arising out of the release of information relating to my criminal record and my driving record which may hereafter be sustained by me.

I certify that the above information is true to the best of my knowledge, information and belief. I understand that a fee of \$25.00 will apply if I am refused a licence because of my criminal history.

Signature:

---

Date (mm/dd/yyyy):

---

**For office use only**

Completed by (file no.):

**CNI D/L**