

Application for Adult Entertainment Parlour Owners and Operators

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	Operator	Owner	Renewal
Applicant full name:			
Date of birth (mm/dd/yyyy):		*Country of birth:	
Phone number:		Cell phone number:	
Email address:			
Address:			
City:		Postal Code:	

Adult Entertainment Parlour:

Business name:

Address:

City: Postal Code:

Has 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 dates of convictions.

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 approximately dates of convictions.

Has any Municipality in the Province of Ontario ever refused to grant an Adult Entertainment Licence to you, or have had such licence suspended or revoked? If so, list details.

Have you ever been convicted of an offence contravening a Municipal Licensing By-Law relating to adult entertainment parlours? If so, list details.

Have you ever operated any other adult entertainment parlours? If so, please list names and addresses.

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

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