

APPLICATION BY AN OPERATOR

NAME: _____

ADDRESS: _____

(any change in address shall be reported within two (2) days)

TELEPHONE NUMBER: _____ HEIGHT: _____

DATE OF BIRTH: _____ WEIGHT: _____

DRIVER'S LICENCE NUMBER: _____

PREVIOUS CONVICTIONS: (if any include nature of offence, date of conviction and penalty NOTE: This does not apply to the Highway Traffic Act)

ADDRESS OF ADULT ENTERTAINMENT PARLOUR: _____

OWNER OF ADULT ENTERTAINMENT PARLOUR: _____

ADDRESS OF OWNER: _____

OWNER'S LICENCE NUMBER: _____

I have no objection to the City of Sault Ste. Marie making inquiries to any Police Department regarding any driving or criminal record.

I, _____, do hereby declare that the information given in this application and any supporting documents is true, correct and complete in every respect.

Dated this _____ day of _____, _____.

WITNESS

SIGNATURE OF APPLICANT

The personal information contained in this form is collected under the authority of by-law 2002-165 and will be used to determine eligibility for a licence under that by-law. Questions about this collection should be directed to:

Administrator of Licences
Tax Division
99 Foster Drive
Sault Ste. Marie Ontario
759-5290

Information gathered under this by-law will be used by:
Police Services
580 Second Line West
Sault Ste. Marie Ontario