

**Application for Personal Wellness Establishment Licence**

**A. Application Requirements:**

**The following original documents must be included with this application:**

- Proof that applicant is a Canadian Citizenship, or a landed immigrant, or produce a valid work permit
- Proof that applicant is at least eighteen (18 ) years of age
- A police criminal records check for the applicant that is not more than 30 days old
- Certificate of general liability insurance
- Signed Property Owner Declaration (form 2)
- Copy of floor plan of premises. (Clearly identify each room intended to be operated as part of the Personal Wellness Establishment and the principal entrance of the business)
- List of all Personal Wellness Attendants (form 3) including proof of training
  
- Fee

**B. Business Information**

Business name:			
Street address:			Unit number
Postal code:	E-mail:		
Telephone number: ( )	Website (if applicable):		

**C. Owner Information**

First Name:		Last Name:	
Street Address:		Unit Number	Lot/Con:
Municipality:	Postal Code	Province:	E-mail:
Telephone number: ( )	Cell Number ( )		

**D. Declaration**

I \_\_\_\_\_ certify that:  
(print name)

By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any licence that may be issued.

\_\_\_\_\_ Date  
 \_\_\_\_\_ Signature of Applicant

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of *the Municipal Act* and will be used by the Town of Newmarket to process the application, and to determine whether to issue a licence. Information will also be used for administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

**E. Applicant Consent**

I hereby authorize the Town of Newmarket to act on my behalf for the purposes of requests for information to the York Regional Police under the Access to Information Act or Privacy Act, which includes personal information pertaining to me or my business.

This authorization is valid for one year from the date signed below.

\_\_\_\_\_ Print Name  
 \_\_\_\_\_  
 \_\_\_\_\_ Date  
 \_\_\_\_\_ Signature of Applicant

**OFFICE USE ONLY**

Date:	Approved by:
Owner License: \$	Account Number:



**Town of Newmarket  
Property Owner Statutory Declaration**

IN THE MATTER OF an Application for a Personal Wellness Establishment Business Licence

I, \_\_\_\_\_

Name of Declarant

of the \_\_\_\_\_ of \_\_\_\_\_  
"City, Town or Village" Name of City, Town or Village Declarant resides

in the \_\_\_\_\_ of \_\_\_\_\_  
"County or Region" Name of County where Declarant resides

**SOLEMNLY DECLARE, THAT:**

1. I am the \_\_\_\_\_ (property owner/lessor) for the property located at \_\_\_\_\_ (Address of property).
2. I am aware that \_\_\_\_\_ (Full name of business) is operating from the above said address, and I have been informed of the nature of this business.

And I make this solemn Declarations conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Declarant

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_.

In the \_\_\_\_\_ of \_\_\_\_\_, Province of \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Declaration must be signed and stamped by a Commissioner for taking affidavits or Notary Public.

**Office Use Only**

\_\_\_\_\_  
Reviewed By:

\_\_\_\_\_  
Date



## Personal Wellness Establishment Attendant List

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training