Newmarket

Application for Body Rub Parlour License

Date Received:	License Number:

A. Type of License

☐ Owner ☐ Owner/Operator ☐ Attendant

B. Application Requirements:

The following original documents must be included with this application:

Attendant:

☐ Photo ID. **(Office Note: Photocopy for file)**

☐ A Police Criminal Records Check that is within 60 days of the application by the Police Service having jurisdiction where the applicant resides (**Do not accept a photocopy or make a photocopy of this document**)

☐ Medical Certificate showing that attendant is free from communicable or transmissible diseases (not more than 30 days old)

☐ Police Vulnerable Sector Check. (**Do not accept a photocopy or make a photocopy of this document**)

☐ Fee

C. Owner Information

Last name:	First name:	Company:		
Street address:			Unit number:	Lot/con:
Municipality:	Postal code:	Province:	E-mail:	
Telephone number: ( )	Fax ( )		Cell number ( )	

D. Operator Information

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

E. 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 license 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 license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

OFFICE USE ONLY

Date:	Approved by:
Attendant License: $	Account Number: 13121.7783.04

Legislative Services
TOWN OF NEWMARKET
395 Mulock Drive
P.O. Box 328
Newmarket, ON L3Y 4X7

www.newmarket.ca
info@newmarket.ca
905-953-5300 ext. 2220