



Application for Adult Videos License

| | | | |
|--|-----------------|-------------------------------|---------------|
| Date Received: | License Number: | | |
| A. Type of Adult Videos | | | |
| <input type="checkbox"/> Store <input type="checkbox"/> Video Tape Store (where Adult Video are only incidental) | | | |
| B. Application Requirements: | | | |
| The following original documents must be included with this application: | | | |
| <input type="checkbox"/> Photo ID (Office Note: Photocopy for file) | | | |
| <input type="checkbox"/> Police Vulnerable Sector Check. (Do not accept a photocopy or make a photocopy of this document) | | | |
| <input type="checkbox"/> Fee | | | |
| If a partnership | | | |
| <input type="checkbox"/> List of names & home addresses of partners | | | |
| <input type="checkbox"/> Copy of the registered declaration of partnership | | | |
| If a corporation (in addition to the above) | | | |
| <input type="checkbox"/> List of names & home addresses of the directors, shareholders & officers of the corporation | | | |
| <input type="checkbox"/> Articles of Incorporation | | | |
| <input type="checkbox"/> Copy of the last information return filed | | | |
| <input type="checkbox"/> Copy of floor plans of the premises | | | |
| 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. Business Information | | | |
| Name: | | Corporation: | |
| Address: | | | |
| Municipality: | Postal Code: | Province: | E-mail: |
| Telephone: () | Fax: () | Cell Number: () | |
| E. Declaration of Applicant | | | |
| 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 <i>Municipal Freedom of Information and Protection of Privacy Act</i> . The information collected is required pursuant to the terms of the <i>Municipal Act</i> 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: | |
| Adult Video Store license: \$ | | Account Number: 13121.7711.01 | |
| Video Store License: \$ | | Account Number: 13121.7711.02 | |