

APPLICATION BY AN ATTENDANT

NAME: _____

ADDRESS: _____

CITY, PROVINCE, POSTAL CODE: _____

PERMANENT TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL INSURANCE No.: _____ HEIGHT: _____ WEIGHT: _____

DRIVER'S LICENCE No.: _____

CANADIAN CITIZEN: YES ___ NO ___ IF NO, WORKING VISA No. _____

I INTEND TO CARRY OUT MY TRADE, CALLING OR OCCUPATION UNDER THE NAME OF _____ AND HAVE USED THIS NAME SINCE _____
(list all names used and place in which name was used)

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

I HAVE WORKED AS AN ATTENDANT AT THE FOLLOWING PLACES:

Name of Licensed Establishment	Address	City	Owner	Name Used

I HAVE NEVER HAD A LICENCE REFUSED OR CANCELLED EXCEPT AS FOLLOWS: _____

(state Municipality, type of licence, reasons for refusal or cancellation)

I WILL BE WORKING AT: _____

FOR: _____ (name of owner and operator)

WHOSE LICENCE NUMBER IS: _____

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 the Administrator of Licences, Tax Division, 99 Foster Drive, Sault Ste. Marie, Ontario, 759-5290. Information gathered under this by-law will be used by the Police Services, 580 Second Line West, Sault Ste. Marie Ontario.