

County of Brant  
519-449-2451  
Fax: 519-449-2454  
1-888-250-2297  
www.brant.ca



County Administrative Building  
26 Park Ave  
P.O. Box 160  
Burford ON, N0E 1A0

## ADULT ENTERTAINMENT PARLOUR LICENSE APPLICATION FORM

### **Completion Instructions**

*Prior to filing this licence application, please complete the attached application to request a zoning certificate and submit it to the Paris office at 66 Grand River St. North. There is a separate charge for the zoning certificate. Once you have received your zoning certificate, attach a copy to your completed application and attend at the Burford Office with photo identification and a cheque, payable to the County of Brant in the amount of \$2000.00. If you fill out this document electronically, please print out the questionnaire, sign it, and deliver a hard copy of the signed form to the Burford office. If you require any further information please contact the licencing officer at 519-449-2451 or 1-888-250-2297 ext. 2219.*

**Type of Business:**     Sole Proprietorship     Partnership     Corporation

**Please attach a copy of the business name registration, and incorporation documents or partnership registration as applicable.**

**Business Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Applicant's Certification**

***I hereby verify that the above information is complete and accurate, and that I have the power to bind the licensed business.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Personal information collected herein will be used for the purpose of licensing, regulating and by-law enforcement and will be provided to Law Enforcement personnel. Managed in accordance with the Municipal Information and Protection of Privacy Act.*



**Office Use Only**

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**Date Rec'd:** \_\_\_\_\_ **Amt:** \_\_\_\_\_ **Rec'd By:** \_\_\_\_\_

**Business Registration Documents Attached:**  Yes  No

**Zoning Certificate Attached:**  Yes  No

**Outstanding Orders:**  Yes  No **Details:** \_\_\_\_\_

**Fire Inspection:**  Yes  No **Date:** \_\_\_\_\_ **Inspected By:** \_\_\_\_\_

**Details of Non-compliance:** \_\_\_\_\_

**Action Required:** \_\_\_\_\_

**Zoning Status:** \_\_\_\_\_

**License:**  Approved  Denied **Lic#** \_\_\_\_\_ **Issued By:** \_\_\_\_\_

