



## Application for Licensing and Regulation of Informal Residential Care Facilities

Joint inspection date \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ AM ☐ PM ☐

Type of application: Corporation ☐ Partnership ☐ Sole proprietorship ☐

### Required documents:

- ☐ Payment of \$750;
- ☐ A police records check from the municipality of where the applicant resides, dated no later than 60 days prior to the application for a licence;
- ☐ Proof of insurance in the amount of \$5 million & identifies the use as an Informal Residential Care Facility;
- ☐ Standard Operating Procedure package;
- ☐ Lease Agreement with the property owner, if applicable;
- ☐ Floor Plans;

### If the applicant or licensee is a corporation:

- ☐ Provide the name, address and phone number of each member if a partnership or corporation;
- ☐ Provide a copy of the incorporating documentation;
- ☐ Provide a copy of the last initial notice or notice of change which has been filed with the provincial or federal government;
- ☐ Provide a Certificate of Status issued by the Ministry of Government and Consumer Services dated no later than 15 days prior to the date of the application for a licence;
- ☐ Have each partner provide to the Licence Manager a police records check from the municipality of where they reside, dated no later than 60 days prior to the application for a licence;

Total number of bedrooms \_\_\_\_\_ Total number of tenants \_\_\_\_\_

Applicant Information			
Name of applicant	Daytime contact number	Applicant's e-mail address	
Address of applicant	City	Province	Postal Code
Operating name of business	Address of business being applied for		
List the open Building Permit number(s) associated with this address			

I, \_\_\_\_\_ the undersigned, certify that the statements herein contained in the said application are true and made with a full knowledge of the circumstances connected with the same, and acknowledge that I have read the declaration and notice contained below.

The undersigned agrees that the issuance of a licence will be subject to approvals from such municipal or provincial departments or agencies as the Licence Manager deems necessary. The issuance of a licence is not intended and shall not be construed as permission or consent by the Corporation of the Municipality of Arran-Elderslie for the holder of the licence to contravene or fail to observe or comply with any law of Canada or Ontario or any by-law of the Corporation of the Municipality of Arran-Elderslie.

Any business licence application that has not received approvals from all municipal or provincial departments or agencies (as the Licence Manager deems necessary) due to the applicant's inability to comply with the licence requirements within 90 days from the date of filing the application shall be deemed to be refused.

Dated at Arran-Elderslie, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of applicant	Signature of Commissioner for Taking Affidavits
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## THIS PAGE - FOR CITY HALL USE ONLY

Received date (YYYY MM DD)	New licence account number	Issue Date (YYYY MM DD)
Remarks		
Decision		

## Approvals

ZONING approval (name)	Zoning approval signature	Approval date (YYYY MM DD)
FIRE approval (name)	Fire approval signature	Approval date (YYYY MM DD)
BUILDING approval (name)	Building approval signature	Approval date (YYYY MM DD)
HEALTH approval (name)	Health approval signature	Approval date (YYYY MM DD)
LICENCE MANAGER approval (name)	Licence Manager approval signature	Approval date (YYYY MM DD)

The personal information collected on this form is collected under the authority of the Municipal Act, 2001 s.10 (2) 11, and Informal Residential Care Facility By-law and will be used to process the application, administer the licence, and enforce the applicable By-law provisions. Questions about this collection should be addressed to the Clerks Department, Municipality of Arran-Elderslie, 1925 Bruce Rd 10, Chesley, Ontario, N0G 1L0

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