



THE CORPORATION OF THE TOWN OF OAKVILLE  
1225 Trafalgar Road  
Oakville Ontario, L6H 0H3  
Telephone: 905-845-6601 Fax: 905-815-6077

**2020 REGISTRATION APPLICATION FOR GROUP HOMES**

**FEE: \$95.00** (per group home) (non-refundable, non-transferable, not pro-rated) **Renewal Date: April 30 every year.**

The following must be fully completed and submitted along with all required documents and the applicable fee. Applications may be submitted as follows:

- By E-mail to [service@oakville.ca](mailto:service@oakville.ca)
- Drop box delivery, Enforcement Services, 1225 Trafalgar Road;
- By Mail to: Enforcement Services, Town of Oakville, 1225 Trafalgar Road, Oakville, ON L6H 0H3

**GROUP HOME OWNER/OPERATOR (SERVICE PROVIDER):**

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**APPROVING MINISTRY AND/OR GOVERNMENT AGENCY:**

NAME OF MINISTRY AND/OR GOV. AGENCY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

***Please complete the following page to register each group home location.***

Please be advised:

- Incomplete applications will not be processed.
- It is an offence to operate a business without a licence and charges may be laid without additional notice.

**I hereby declare that I will comply with the provisions of all by-laws pertaining to the licences for which I am applying.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Once your application is completed, please send the full package by email to [service@oakville.ca](mailto:service@oakville.ca). An email with payment instructions will be sent upon receipt of a complete application by Enforcement Services.

Completed applications with payment by cheque will also continue to be accepted by mail to:

Municipal Enforcement Services, 1225 Trafalgar Road, Oakville, ON L6H 0H3

Note: Personal information on this form is collected under the authority of the *Municipal Act* and the Town of Oakville Licensing By-law and will be used for business licensing and regulating. Questions about this collection should be directed to Municipal Enforcement Services, 1225 Trafalgar Road, Oakville, Ontario, L6H 0H3, telephone, 905-845-6601.

**GROUP HOME LOCATION INFORMATION: Property Owner: Yes  No**

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Office Use only: Licence No.:** \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION: Property Owner: Yes  No**

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Office Use only: Licence No.:** \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION: Property Owner: Yes  No**

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Office Use only: Licence No.:** \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION: Property Owner: Yes  No**

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Office Use only: Licence No.:** \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION:** Property Owner: Yes  No

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Office Use only: Licence No.: \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION:** Property Owner: Yes No

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Office Use only: Licence No.: \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION:** Property Owner: Yes No

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Office Use only: Licence No.: \_\_\_\_\_

**GROUP HOME LOCATION INFORMATION:** Property Owner: Yes No

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Office Use only: Licence No.: \_\_\_\_\_