



THE CORPORATION OF THE TOWN OF OAKVILLE
Clerk's Department – Licensing
1225 Trafalgar Road
Oakville Ontario, L6H 0H3
Telephone: 905-815-6015 Fax: 905-815-2025

2018 REGISTRATION APPLICATION FOR GROUP HOMES

APPLICATION FEE: \$93.00 (per group home)

The following must be fully completed and submitted along with applicable fee.

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.

Signature of Applicant

Date

=====

OFFICE USE ONLY:

Total Fees: _____

Receipt No. _____

Date of Issue: _____

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 Clerk's Department – Licensing at 1225 Trafalgar Road, Oakville, Ontario, L6H 0H3, telephone, 905-815-6015.

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.: _____