



THE CORPORATION OF THE TOWN OF OAKVILLE
1225 Trafalgar Road
Oakville Ontario, L6H 0H3
Telephone: 905-845-6601 Fax: 905-815-6607

2019 REGISTRATION APPLICATION FOR GROUP HOMES

APPLICATION FEE: \$93.00 (per group home) (non-refundable, non-transferable)

The following must be fully completed and submitted along with all required documents and the applicable fee.

Applications may be submitted as follows:

- In Person at ServiceOakville, 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 accepted and will be returned.
- 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

ENFORCEMENT 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 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.: _____