



# CITY OF ONTARIO COMMERCIAL SOCIAL GAMING LICENSE APPLICATION

## FOR OFFICIAL USE ONLY

IN-HOUSE REVIEW

<input type="checkbox"/>	Community Development (Planning/Building)	Zone Code <input style="width: 50px; height: 20px;" type="text"/>	Does the applicant need to schedule a development meeting? (PDAC or TRC)
<input type="checkbox"/>	Fire Department		
<input type="checkbox"/>	Police Department		
<input type="checkbox"/>	Administration		
			<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS INFORMATION

Name of Business:	<input style="width: 100%;" type="text"/>		
Physical Address of Gaming Site:	<input style="width: 100%;" type="text"/>		
Manager Name:	<input style="width: 100%;" type="text"/>		
Mailing Address:	<input style="width: 100%;" type="text"/>		
Business Phone:	<input style="width: 50%;" type="text"/>	Number of Employees:	<input style="width: 20%;" type="text"/> (optional)
Primary Business Activity:	<input style="width: 100%;" type="text"/> (ie - restaurant - fast food; retail - clothing)		
Business Hours:	<input style="width: 100%;" type="text"/>		
Website address:	<input style="width: 100%;" type="text"/>		
Does the principal own the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If not, please attach an additional sheet with building owner's contact information.)

Please attach the true name of the Licensee. If the Licensee is a Corporation or a Limited Liability Company, the true names and addresses of each Corporate Officer or LLC Manager, as well as each Shareholder or LLC Member who has at least a 20% ownership interest in the entity.

By signing this application for social gaming, you are authorizing the Ontario Police Department to obtain the past criminal records, if any, of such persons.

Please attach the current Financial Statement of the Licensee.

Application Fee of \$100 required, and is non-refundable in addition to the License Fee.

Renewal Fee of \$25 is required, in addition to License Fee.

Please check term of License requested:

<input type="checkbox"/> Annual	\$100
<input type="checkbox"/> Monthly	\$50
<input type="checkbox"/> Weekly	\$25
<input type="checkbox"/> Daily	\$10

If the License expires before a Renewal application is applied for then a New Application Fee of \$100 will apply.  
License to Operate will automatically terminate, and a new Application will be required, to include the Application fee.

This License is non-transferable, and shall not be valid in any location other than the premises described in the Application. Any changes in Ownership, Partnership, or any derivative therein, requires the completion of a new Application.

CONFIDENTIAL BUSINESS INFORMATION

Business E-Mail  For Business Alert Info Only

Emergency Contact #1:   
 Relationship to Business:   
 Home Phone:   
 Cell Phone:

Emergency Contact #2:   
 Relationship to Business:   
 Home Phone:   
 Cell Phone:

Describe any probable construction or alterations to be made to the building:

FIRE - LIFE - SAFETY

Alarm System?  No  Yes \_\_\_\_\_  
 Alarm Company Name and Contact Number

Alarm type:  Fire  Burglar  Combo \_\_\_\_\_  
 Describe Combo (ie: fire/smoke/burglar)

Silent  Audible \_\_\_\_\_  
 Location of Alarm Panel

Knox Box?  No  Yes \_\_\_\_\_  
 Location of Knox Box

Sprinkler System?  No  Yes \_\_\_\_\_  
 Location of F.D. Connection

Square Footage of Building: \_\_\_\_\_

Please list the hazardous and/or explosive materials typically stored onsite:

ATTACH ADDITIONAL PAGES AS NECESSARY

SIGNATURE

By my signature I hereby certify that the above information is correct to the best of my knowledge.

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

\_\_\_\_\_  
 Date

**ADDITIONAL COMMENTS**

This section is for any additional comments that you, as a business owner, would like to make with regard to your business.

