



GROUP HOME LICENCE APPLICATION

Bylaw Services

Applicant's Business Name	Application Type Renewal <input type="checkbox"/> New <input type="checkbox"/>
Mailing Address (for Business operating the Group Home)	
(#, Street, City, Province Postal Code)	

Name of Contact Person	Phone Number
Location of Group Home	
(#, Street, City, Province Postal Code)	
Total Number of Residents	

Attachments

<input type="checkbox"/> letter or copy of Licence from the appropriate Provincial or Federal Agency <input type="checkbox"/> fee - \$ 25.00

Only complete this section IF the application is for a new licence

<input type="checkbox"/> Group Home A – a group home primarily for persons who have been referred by a hospital, recognized social services agency or health professional. <div style="text-align: center;">OR</div> <input type="checkbox"/> Group Home B – a group home operated primarily for persons who have been placed on probation, released on parole, or admitted for correctional purposes.

I _____ am authorized agent of the above named group home and hereby certify that the above information is true to the best of my knowledge.

Signature of Applicant

Approvals

By-law Services	Date
Planning and Development (for new Licences only)	Date
<input type="checkbox"/> complies with Zoning By-law	

Personal information contained on this form is collected under the Municipal Act, and will be used for the purpose of making a determination of the application and maintaining a business record upon acceptance. Questions about this collection of data should be directed to the Record's Manager and FOI Co-ordinator, at 65 Harwood Avenue South, Ajax, Ontario L1S 2H9. 905.619.2529, ext. 3343