

This application is to be completed by every person who operates or carries on any exhibit, public show, zoo, circus, carnival or other display or act of entertainment in the City using any prohibited animals, or use such animal in any film or television production. Please ensure that all information on this form is complete and legible.

Applicant Information

Name of Applicant/Corporation	<input type="text"/>		
Address	<input type="text"/>	Unit No.	<input type="text"/>
City	<input type="text"/>	Province	<input type="text" value="Choose your province"/>
		Postal Code	<input type="text"/>
Telephone No.	<input type="text"/>	Bus. Phone No.	<input type="text"/>
		Extension	<input type="text"/>
Cellular No.	<input type="text"/>	Email Address	<input type="text"/>

Event Details

Name of Event	<input type="text"/>		
Date(s) of Event	<input type="text"/>	<input type="text"/>	
Location of Event	<input type="text"/>		
Trade or Business Name	<input type="text"/>		

Attachments

Pursuant to Section 31 of By-law 7110/11, the following documentation must be attached with this application form in order to be considered for a Licence.

- ☐ Copy of current deed to property or other written proof of property ownership **or** written permission from the owner or property manager of the property where the exhibit or the like, is to be located and operated.
- ☐ Proof of membership in an accredited zoo association.
- ☐ Proof of general insurance liability in the amount of not less than \$5 million.
- ☐ Written statement containing:
 - ☐ a full description of the exhibit, public show, zoo, circus, carnival or other display or act of entertainment explaining the event.
 - ☐ a full description of the number and species/types of animals to be kept on-site.
 - ☐ a full description outlining the steps to be taken to ensure public safety.
 - ☐ a full description outlining how animal waste will be disposed of.

Fee

Date(s) of Event

Date(s) of Event

\$232.00 per day x # of days

Total Payable

Declaration

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief. False or deceptive statements herein may result in the non-issuance or cancellation of the licence.

Date

Fee (as per rates above)

Receipt No.

Applicant's Name (please print)

Position (please print)

Signature

Office Use Only

Clerk's Office

☐ Approved

☐ Denied

Date

By

RSN

Licence No.

Final Approval Date

Licence Start Date

Licence Expiry Date

Final Approval Signature

Personal information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of processing this application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.