



Township of Essa
SUPPLEMENTAL ADULT ENTERTAINMENT APPLICATION FORM

Registered Name of Business: _____

Applicant Name: _____

Telephone: () _____ Cell: () _____

Owner Information *If not the applicant*
 Name: _____

Address: _____

Telephone: () _____ Cell: () _____

- Attachments to be provided with the application:
- Planning/Zoning Approval
 - Building Department Approval
 - Police (OPP) Approval
 - Essa Fire Department Inspection Approval
 - Health Unit Inspection Approval
 - List of all entertainers including their professional name, legal name, residing address and current mailing address
 - License Fees
 - Applicant/Operator criminal record check
 - Proof of minimum age requirement (19)
 - Certificate of insurance for a minimum of \$3 million dollars showing Township as additionally insured.

Are the premises licensed under the Alcohol Gaming Commission of Ontario? Yes No
 If yes, please provide a copy of the Liquor License.

Is there applicable signage at each entrance to the premises reading "Adult Entertainment Establishment"? Yes No

I, _____, of the _____ of _____, do hereby confirm that I am aware of and accept the conditions set out with respect to the issuance of this license and agree to the terms of the license and of By-law 2011-20, of the Township of Essa, concerning the business licensed herewith. I further hereby indemnify and save harmless the Township of Essa, its Committees and employees, for any and all claims arising out of the business activity authorized by this license.

Dated this _____ day of _____, _____.

 Signature of Applicant

 Issuer of Licenses

 Signature of Property Owner