



Adult Video Owner License Application Form
Adult Videotape Store Class "A", Class "B"
Town of Milton By-law 53-2003, as amended

150 Mary Street
Milton, ON L9T 6Z5
905-878-7252 ext. 2137

Type of Application:

- Class "A" – over a 10:100 adult to non-adult tape ratio
- Class "B" - under a 10:100 adult to non-adult tape ratio

New Application _____ Renewal _____ Business Transfer _____ Year _____

Business Information:

Name of Establishment/ Store Name: _____

Municipal Address of Adult Video Store: _____

_____ Postal Code: _____

Mailing Address of Adult Video Store (if different): _____

_____ Postal Code: _____

Business Telephone Number: _____ Business Fax Number: _____

Owner Information:

Name of Owner: _____

Owner's Home Address: _____

_____ Postal Code: _____

Owner's Home Telephone Number: _____ Email Address _____

Operators Information: _____ Same as Owner, Above, Or:

Name of Operator: _____

Operator's Home Address: _____

_____ Postal Code: _____

Operator's Home Phone Number: _____ Operator Cell Phone # _____

General Information:

- Proof of age
- Copy of articles of incorporation if the applicant is a corporation
- Zoning Approval for new businesses – See Building Department
- Copy of list of names and home addresses of all partners if the applicant is a partnership
- Licensing fee

**Please note the Rates and Fee’s Schedule of the User Fee By-law on the website. For
Expedited Service a 10%: \$10.00 minimum fee will be applied.

** A fee for expedited service will apply when business licenses are issued within 48 hours of receiving a complete application package. The fee for expedited service will be 10% of the fee for the license/letter, with a minimum charge of \$10, as set out in the schedule of user fees, as amended from time to time.

I, _____, hereby that I have read and understand the **Adult Videotape Licensing by-law** and I agree to abide by the terms and conditions of said By-Law. I hereby certify that all of the information supplied on this application is true and correct and I acknowledge that personal information collected as part of the application process for a license is subject to release to the chief constable as and when requested by him or her

Date: _____ Signature: _____

Note: Personal information collected on this form is collected under the authority of the *Municipal Act, 2001* and By-law No. 53-2003 and will be used to process requests for owner licenses for adult videotape stores. Questions about this collection of information should be directed to the Law Clerk at the Town of Milton Clerk’s Department, 150 Mary Street, Milton, ON L9T6Z5, 905-878-7252 ext. 2137. Be advised that personal information collected as part of the application process for licenses is subject to release to the Chief Constable as and when requested by him or her.

Staff Use Only

Zoning Approval date _____ Officer Approved _____

Conditions: _____

Fee Paid: _____ Date Paid _____ Rec# _____ Type of Payment _____

AMANDA ROW # _____