



**Renewal Application for a Personal Wellness Establishment Licence**

**A. Renewal Application Requirements:**

The following original documents must be included with this renewal application:

- A police criminal records check for the applicant that is not more than 30 days old.
- Certificate of general liability insurance.
- Personal Wellness Establishment attendant list for **new attendants not yet approved by the Town** (form 2). For any new attendants, please include proof of training. If there are no new attendants, please disregard this form and submit form 3.
- Business Owner Statutory Declaration Form Signed (form 3). Confirming if:
  - business owner is the same as in the initial PWE Application.
  - there have been no changes to the Personal Wellness Attendant List since initial PWE Application.
  - floor plan has not changed or been altered since submission of the initial PWE Application.
  - the property owner is the same as in the initial PWE Application.
- Annual Fee

**B. Business Information**

Business name:	
Street address:	Unit number
Postal code:	E-mail:
Telephone number: ( )	Website (if applicable):

**C. Owner Information**

First Name:	Last Name:		
Street Address:	Unit Number	Lot/Con:	
Municipality:	Postal Code	Province:	E-mail:
Telephone number: ( )	Cell Number ( )		

**D. Declaration**

I \_\_\_\_\_ certify that:  
 (print name)

By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any license that may be issued.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of *the Municipal Act* and will be used by the Town of Newmarket to process the application, and to determine whether to issue a licence. Information will also be used for administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

**E. Applicant Consent**

I hereby authorize the Town of Newmarket to act on my behalf for the purposes of requests for information to the York Regional Police under the Access to Information Act or Privacy Act, which includes personal information pertaining to me or my business.

This authorization is valid for one year from the date signed below.

\_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant



## Personal Wellness Establishment Attendant List

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training



### Personal Wellness Establishment Attendant List

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address:

Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

\*Please attach proof of training

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Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

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Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

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Services Offered: \_\_\_\_\_

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Services Offered: \_\_\_\_\_

Training Completed: \_\_\_\_\_

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**Town of Newmarket**

**Business Owner Statutory Declaration**

IN THE MATTER OF a Renewal Application for a Personal Wellness Establishment Business Licence

I, \_\_\_\_\_

Name of Declarant

of the \_\_\_\_\_ of \_\_\_\_\_  
"City, Town or Village" Name of City, Town or Village Declarant resides

**SOLEMNLY DECLARE, THAT (*check all those that apply*):**

- I am the owner for the business located at \_\_\_\_\_ (Address of property).
- There have been no changes or updates to the Personal Wellness Attendant List.
- There have been no changes to the floor plan of the business premises.
- The property owner has not changed since the time of my original PWE Application.

And I make these solemn Declarations conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Declarant