



Group Home Registration Application

Municipal Law Enforcement and Licensing Services
50 Centre Street South
Oshawa, ON L1H 3Z7

Initial Application Renewal

Group Home Location

Address:

No. Street City Province Postal Code

Contact person at this address:

E-mail:

Property Owner

Name:

Mailing Address:

No. Street City Province Postal Code

Phone No.

E-mail:

Group Home Operator

Group Home Name:

Mailing Address of Head Office:

No. Street City Province Postal Code

Head Office Contact Person:

Head Office Contact Phone No.:

E-mail:

Group Home Information

Date on which this Group Home use noted in this application commenced at this property:

Are you aware of any previous Group Home operating from this location? If so, please provide the name and date:

Group Home Class:

Group Home

Correctional Group Home

If a Correctional Group Home, indicate type of Correctional Group Home:

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for administering the Municipal Law Enforcement and Licensing process. Questions concerning collection of personal information should be directed to the City of Oshawa's Information, Access and Privacy Officer at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

Max Number of Residents Approved for this location:

Number of staff required at this location at any time:

Licensing Authority

Check One: I am licensed by

Ministry or Agency Name

I am funded by

Ministry or Agency Name

I have attached a letter from the appropriate Government agency responsible for the funding and/or licensing of the Group Home. The letter confirms that the Group Home named in this application is licensed and/or approved for funding under provincial statutes.

Applicant

The undersigned hereby applies for Registration of a Group Home in accordance with the provisions of the Municipal Act and City of Oshawa Group Home Registration By-law No. 78-2006. The undersigned understands and acknowledges that the issuance of a Registration Certificate by the City shall not relieve the applicant from complying with all other applicable statutes, regulations and by-laws.

I, _____ of _____ do solemnly declare:
Name (please print) Address City

- Check One: A I am the owner of the property named in this application
 I am the authorized agent of the Property Owner named in this application (Agent must submit written authorization from the Property Owner with this application)
B That I am the Group Home Operator named in this application to register
 That I am the authorized agent of the Group Home Operator named in this application (Agent must submit written authorization from the Group Home Operator with this application)
C That all statements made and information supplied in connection with this application are true and factual

Note: if Property Owner and Group Home Operator are the same, only one authorization is required.

Applicant's Signature

Phone Number

Date

Agent authorization for the property owner and/or Group Home Operator attached

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FOR OFFICE USE ONLY:

Application No.:	Fee: <input type="checkbox"/> \$100.00
Application Reviewed by:	Date:
Date of Application for Registration:	Date of Approval:

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