



ADULT SERVICE AGENCY LICENSE APPLICATION

Date of Application (mm/dd/yy): _____

FILE NO: _____

Application Type

Independent Adult Service Agency License

You may be required to hold multiple Adult Service Licenses. E.g., performing out-call adult services as an Independent Agency and performing in-call adult services as a Performer with an Adult Service Agency.

- New Applicant \$250
- Renew License \$100

Adult Service Agency License

- New Applicant \$500
- Renew License \$200

Application Checklist

- Proof of Identity and Age**
- Identification must include a photo, and be government issued
- Proof of Canadian Citizenship or Residency Status**
- Canadian citizenship card, passport, PR Card, birth certificate
- Criminal Record Check** - issued within the past 3 months
- Original document must be attached—**copies will not be accepted**
- Completed Application Form**
- Application Fee**
- Make cheques payable to: City of Saskatoon
- Employee List**
- Complete section in this application of workers and performers employed by, affiliated with or contracted by the agency

Important Information

- **Independent Adult Service Agency:**
If Corporation— Proof must be shown for the sole shareholder, director and officer
A Criminal Record Check is required for the sole shareholder, director and officer
- **Adult Service Agency:**
If Partnership— Proof must be shown for each partner
A Criminal Record Check is required for each partner
If Corporation— Proof must be shown for principal managing employee
A Criminal Record Check is required for the principal managing employee
- If the owner of an Adult Service Agency personally performs an adult service on behalf of the agency, in addition to the license for the agency, the owner must hold a valid adult service performer license.
- In-call Adult Service Agencies will only be permitted in specific zoning districts. Please contact the Business License Program (306-975-2658) for more information.
- Adult Service Agencies must inform the City of Saskatoon (by email at business.license@saskatoon.ca or by phone at 306-975-2658) if information initially provided in the application changes (e.g. business name, phone number, email).

For more information contact us at: business.license@saskatoon.ca or call (306) 975 - 2658

Visit our website for additional information on application type, process and requirements: www.saskatoon.ca/businesslicense

Applications can be dropped off or mailed to:

**CITY OF SASKATOON, COMMUNITY STANDARDS,
3RD FLOOR, 222 - 3RD AVENUE NORTH, SASKATOON, SK S7K 0J5**

Business Information (Please Print Clearly)

Agency Name: _____

Address: _____ **SASKATOON SK** _____
Unit # Street Name & Direction City Province Postal Code

Mailing Address: _____ **SASKATOON SK** _____
 (if different then above) Unit # Street Name & Direction City Province Postal Code

Agency Phone: _____ Fax: _____
 (please list all phone numbers used by the Agency)

Email: _____ Website: _____
 (please list all email addresses used by the Agency) (please list all websites used by the Agency)

Business Contact: _____
First Name Middle Initial Surname

Business Owner Information (Please Print Clearly)

If Business Type is a SOLE PROPRIETORSHIP:

Name: _____ **Alias/Nickname(s):** _____
First Name Middle Initial Surname

Address: _____
Unit # Street Name & Direction City Province Postal Code

Phone: _____ **Email:** _____ **Date of Birth:** _____
mm/dd/yyyy

If Business Type is a PARTNERSHIP: (if more space is required, please use additional form)

Partner Name: _____
First Name Middle Initial Surname

Address: _____
Unit # Street Name & Direction City Province Postal Code

Phone: _____ **Email:** _____ **Date of Birth:** _____
mm/dd/yyyy

Partner Name: _____
First Name Middle Initial Surname

Address: _____
Unit # Street Name & Direction City Province Postal Code

Phone: _____ **Email:** _____ **Date of Birth:** _____
mm/dd/yyyy

If Business Type is a CORPORATION: (if more space is required, please use additional form)

Name of Corporation: _____ **Corporate Entity Number:** _____

Director Name: _____
First Name Middle Initial Surname

Address: _____
Unit # Street Name & Direction City Province Postal Code

Phone: _____ **Email:** _____ **Date of Birth:** _____
mm/dd/yyyy

Director/Officer Name: _____
First Name Middle Initial Surname

Address: _____
Unit # Street Name & Direction City Province Postal Code

Phone: _____ **Email:** _____ **Date of Birth:** _____
mm/dd/yyyy

Director/Officer Name: _____
First Name Middle Initial Surname

Address: _____
Unit # Street Name & Direction City Province Postal Code

Phone: _____ **Email:** _____ **Date of Birth:** _____
mm/dd/yyyy

Please describe the primary function of the business:

What will the days of operation be? Mon-Fri 7 days/wk 24 x 7 Part-Time

Does your business have a designated business vehicle? Yes No

If yes, what type? _____ Gross Weight? _____ kg Length? _____

Gross Leasable Floor Area (Commercial Locations Only):

The amount of space within a building used by the business operation.

(a) At Grade Level: _____ ft² or m²

(b) Basement: _____ ft² or m²

(c) Upper Levels: _____ ft² or m²

Plan: Please attach a floor plan or sketch of your space, indicating the area you occupy or if you occupy the entire building.

Alterations / Renovations:

Have you made any alterations / renovations? Yes No

If yes, please indicate any site, plumbing, and building changes and when was the work completed.

Total Floor Area of Home (Home Based Locations Only):

Includes area of basement and garage (if applicable).

_____ ft² or m²

What is the floor area of the room that will be used:

_____ ft² or m²

Room

Floor Area

Do you reside at the business location? Yes No

NOTE: For a *change of use, addition* or *alteration* to an existing building, it is recommended that you consult with Building Standards (306-975-2645) regarding *building permit* requirements.

Site / Floor Plan (Commercial Locations Only)

If your agency is operated from a commercial location, please provide a site plan or floor plan of your building. This is not required for agencies operated from a home based location. Draw in the area below indicating the portion of space you occupy or if you occupy the entire building. Alternatively, attach the floor plan that is typically included with a lease agreement or any other supporting documents.

Employee List

List the Performers and Workers that will be employed by, contracted or affiliated with your agency (e.g., security, drivers, scheduling assistants, and people performing adult services on behalf of the agency). Please note that both paid and unpaid employees are required to obtain an Adult Service Worker License. You are required to contact our office with any changes to your employee list.

First Name	Last Name	Worker or Performer

Declaration of Applicant

I hereby certify that all statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

PLEASE NOTE:

The application must be personally signed by all business owners named in the application.

- The individual named in the application;
- Each partner named in the application; or
- Each director of a corporation named in the application.

For Office Use Only:

Zoning Designation: _____ Type: COMM HBB BP: _____ / _____ ZC: _____ / _____

License ID: _____ Approved by: _____ Date: _____

Cash Receipt#: _____ Amount Paid: _____ Method of Payment: _____ Cheque #: _____