



ADULT SERVICES TRANSIENT LICENSE APPLICATION

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

FILE NO: _____

Application Type (Check all that apply)

Transient Independent Adult Service Agency

- New Applicant \$250 Renew License \$100

An adult service performer that does not reside or maintain a place of business in the City of Saskatoon and is not employed by, affiliated with or contracted by an Adult Service Agency to perform an adult service on behalf of the agency.

Transient Adult Service Performer

- New Applicant \$250 Renew License \$100

An adult service performer that does not reside or maintain a place of business in the City of Saskatoon and is employed by, affiliated with or contracted by an Adult Service Agency to perform an adult service on behalf of the agency.

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. Vulnerable sector search not required. **-copies will not be accepted.**
- Completed Application Form**
- Application Fee**

Important Information

- You may be required to hold multiple Adult Service Licenses. E.g., performing out-call adult services as a Transient Independent Agency and performing in-call adult services as a Transient Performer with an Adult Service Agency.
- Transient Adult Service Performers must be employed by an Adult Service Agency. If a Performer is not affiliated with or contracted by an Agency, they will be required to apply for a Transient Independent Adult Service Agency license.
- Transient Adult Service Performers must provide a valid email address. If application is eligible of an Adult Service License, a pre-approval letter will be sent to the applicant via email.
- Transient Adult Service Performers and Transient Independent 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., change in address, 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

Adult Service Performer/Worker Information (Please Print Clearly)

Name: _____ Date of Birth: _____
First Name Middle Initial Surname mm/dd/yyyy
 (name must be as shown on proof of identity)

Alias/Nickname(s) used: _____

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

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

Home/Cell Phone: _____ Personal Email: _____
 (all correspondence with transient performers will be by email)

Anticipated length of time working in the City of Saskatoon?
 (e.g., a week every month, twice a year.)

Employee List (Transient Independent Agencies Only)

If you are operating a Transient Independent Agency, list the Workers that will be employed, contracted or affiliated with your agency (e.g., security, drivers, and scheduling assistants). 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	City of Residence

Agency Information (Transient Performers Only)

Current Place of Employment: (if more space is required, please use additional form)

Transient Adult Service Performers and must be employed by at least one Adult Service Agency. Not applicable for Transient Independent Adult Service Agencies.

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Agency Website(s): _____

Alias/Nickname(s) used at Agency: _____

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

For Office Use Only:

License ID: _____ Approved by: _____ Date: _____

Comments: _____

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