

ADULT SERVICES TRANSIENT LICENSE APPLICATION

Last Updated: JAN 2024

Date of Application (mm/dd/yy):

FILE NO:

Application Type (Check all that apply)

Transient Independent Adult Service Agency

□ New Applicant \$275

□ Renew License \$110

An adult service performer that does not reside or maintain a place of business in the City of Saskatoon and is <u>not</u> 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 \$275

□ Renew License \$110

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

Application Checklist	Important Information
 Proof of Identity and Age Identification must include a photo, and be government issued 	• 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.
 Proof of Canadian Citizenship or Residency Status Canadian citizenship card, passport, PR Card, birth certificate 	• Transient Adult Service Performers must be employed by an Adult Service Agen- cy. 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.
Criminal Record Check - issued within the past 3 months - Original document must be attached. Vulnerable sector search not	 Transient Adult Service Performers must provide a valid email address. If appli- cation is eligible of an Adult Service License, a pre-approval letter will be sent to the applicant via email.
required. –copies will not be accepted.	 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 chang-
Application Fee	es (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 id	lentity)		
lias/Nickname(s) u	sed:				
Address:					
Uni	t #	Street Name & Direction	City	Province	Postal Code
Address:					
(if different then abov	ve) Unit #	Street Name & Direction	City	/ Province	Postal Code
lome/Cell Phone:		P	ersonal Email:		
		(a	Il correspondence w	ith transient performers	will be by email)



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.

gency Name:	
gency Address:	
gency Phone:	
gency Website(s):	
lias/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:	 	
		t: Cheque #:
City of		



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