



APPLICATION FORM
Permit Account

Date Received

Organization/Group/Association Name:Date of Submission:

☐ New Request

Address Information:

Street NumberStreet NameApt.

CityProvincePostal CodeE-mail

Organization Information:

Position/Title	Last Name	First Name	Work Phone	Home Phone	Fax Number
Main Contact					
Scheduler					
Treasurer					

Membership Details (Please add your membership totals in the following boxes)

Age Categories

Children and Youth <i>(Under 18 years of age)</i>				Older Adult <i>(Over 60 years of age)</i>				Adult <i>(18 years and older)</i>				Percentage
Residents		Non-Residents		Residents		Non-Residents		Residents		Non-Residents		Total Residents divided by the Total Membership
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	

If you have more than one Age Category, do they participate together?☐ Yes☐ No

Does the majority of your membership live with in 5 kms of the space you wish to permit?☐ Yes☐ No

Is your membership open to the public?☐ Yes☐ No

Your Organization has read the City of Toronto's Access and Equity Policy and will comply with it?☐ Yes☐ No

Please attach a copy of your membership to this application

Organization Overview:

Organization Details (Please add your membership totals in the following boxes)

Is your Organization Registered Not-For-Profit? If so, please enter your registration number:

Is your Organization volunteer based with an elected executive?☐ Yes☐ No

Do you have an annual operating budget of greater than \$5,000? If so, please attach a financial statement.

Who is the target group of your membership (adults, preschool, cultural, or marginalized groups etc.)?
See staff for definitions of the various groups.

The personal information on this form is collected under the authority of the *City of Toronto Act, 1997, Municipal Act, 2001, S.O. 2001, c. 25, s. 11(2) and 227(c)* and Article XI, of Chapter 169, of the Municipal Code. The information is used to **categorize groups and determine their allocation priority and permit rate**. Questions about this collection can be directed to: Manager, Customer Service, Toronto City Hall, 1st floor, 100 Queen Street West, Toronto, M5H 2N2 or by telephone at 416-392-1902.

Account Category	Partnership <input type="checkbox"/> Partnership	Not-for-Profit, Community Resident <input type="checkbox"/> Children/Youth <input type="checkbox"/> Older Adult <input type="checkbox"/> Adult	Not-for-Profit, Community Non-Resident <input type="checkbox"/> Children/Youth <input type="checkbox"/> Older Adult <input type="checkbox"/> Adult	Other Accounts <input type="checkbox"/> Commercial or Private <input type="checkbox"/> TDSB <input type="checkbox"/> TCDSB
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Supervisor Approval of Account Category: