

Permit Account

This application must be completed with a [Seasonal Application](#). As mandated by the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form is considered business identity information. Business identity information could be publicly available and/or disclosed upon request, unless an exception applies.

Applicant Business Information

Organization/Group/Association Name		Submission Date (yyyy-mm-dd)
Do you have an account with the City of Toronto?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Office (staff) Use Only Date Received (yyyy-mm-dd)
Does your group require City Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Organization Address Information

Street Number	Street Name	Suite/Unit Number
City/Town	Province	Postal Code
		Business Email

Organization Information

Position/Title	First Name	Last Name	Business Telephone Number	Business Alternate Telephone Number	Business Email
Main Contact					
Scheduler					
Treasurer					
Other					

Membership Details – please add your membership totals in the following boxes

Children and Youth 0-18 years				Adult 19-59 years				Senior/Older Adult 60+ years			
Residents		Non-residents		Residents		Non-residents		Residents		Non-residents	
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male

Percentage - Total Residents divided by the Total Membership:

- If you have more than one age category, do they participate together? Yes No
- Does the majority of your membership live within 5km of the space you wish to permit?..... Yes No
- Is your membership open to the public? Yes No
- Has your organization signed and submitted a copy of the City of Toronto's [Human Rights and Anti-Harassment/Discrimination Declaration of Compliance](#)? Yes No
- Please attach a copy of your membership to this application. Attached

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Organization Overview – Purpose and Objective of organization

Attach Constitution and bylaws if applicable.

Organization Information

Is your organization registered Not-For-Profit? Yes No

If yes, 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? Yes No

If yes, please attach a financial statement.

Who is the target group of your membership? Examples: adults, pre-school, cultural, marginalized groups, etc. See staff for definitions of various groups.

Office Use Only			
Account Category			
Partnerships	Not-For-Profit, Community Resident	Not-For-Profit, Community Non-resident	Other Accounts
<input type="checkbox"/> Partnership	<input type="checkbox"/> Children and Youth <input type="checkbox"/> Senior/Older Adult <input type="checkbox"/> Adult	<input type="checkbox"/> Children and Youth <input type="checkbox"/> Senior/Older Adult <input type="checkbox"/> Adult	<input type="checkbox"/> Commercial or Private <input type="checkbox"/> TDSB <input type="checkbox"/> TCDSB
Supervisor Approval of Account Category	Hours Entitled to Base on Formula	Hours Allocated by City Staff	Hours Allocated by Arena Boards