



Fiona Chapman, Director
Business Licensing and Regulatory Services

Municipal Licensing and Standards
Carleton Grant, Executive Director

PLEASE RETURN TO:

East York Civic Centre
850 Coxwell Avenue, 3rd Floor Toronto, ON M4C 5R1
Tel: (416) 392-6700

ANNUAL RETURN FOR CORPORATION

THE CITY OF TORONTO MUNICIPAL CODE, CHAPTER 545

Information and Particulars as of December 31, 20__.

Date of Filing Last Provincial Annual Return:	Name of the Company:
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Type of Licence: _____

Jurisdiction Under Which Incorporated	Date of Incorporation
Powers Authorized by Instruments of Incorporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Other _____	
Indicate Whether Corporation Is Carrying on Business <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Associated Directors: _____

PRESENT DIRECTORS AND OFFICERS			Residence Address	Date of Birth	Gender
Name	Position	Date Elected	Street & No. City, Town, Province, etc.		
1.					
2.					
3.					
4.					
5.					
6.					

(Please see reverse side if additional lines are required.)

Head Office Address: _____

ACKNOWLEDGEMENT

I, _____, the _____ of the above-named
(First & Last Name) (Position)

Corporation have the authority to provide the information above. I acknowledge that any false statement provided is a violation for the provisions of the City of Toronto Municipal Code, Chapter 545.

Signature Date

(Continued from Page 1 if required.)

Additional Names:

PRESENT DIRECTORS AND OFFICERS			<i>Residence Address</i>	<i>Date of Birth</i>	
<i>Name</i>	<i>Position</i>	<i>Date Elected</i>	<i>Street & No. City, Town, Province, etc.</i>		<i>Gender</i>
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

ACKNOWLEDGEMENT

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(First & Last Name) (Position)

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Signature

Date