



TOWN OF RICHMOND HILL

Planning and Development Department / Licensing Section

225 East Beaver Creek Road, 5th Floor

Richmond Hill, ON L4C 4Y5

Phone: (905) 771-8840

Fax: (905) 771-5445

**COMPLEMENTARY HEALTH CARE
APPLICATION FORM**

OWNER OPERATOR ATTENDANT

Date of Application: _____

APPLICANT'S INFORMATION

Applicant's Name:	_____	
Address:	_____	
City/Town:	_____	
Postal Code:	_____	
Telephone Number:	(Home) _____	(Business) _____

BUSINESS INFORMATION

Business Name:	_____	
Address:	_____	
City/Town:	_____	
Postal Code:	_____	
Telephone Number:	(Business) _____	(Other) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1	Please state the type of Complimentary Health Care that you will be providing in the Town of Richmond Hill:	_____
2	Please state the name of the Health Care Association and/or Organization that you belong to and the membership number: (if applicable)	_____
3	How long have you been a member?	_____
4	Please state from which Institution you received your Diploma and/or Certificate? (Original copy will need to be shown)	_____
5	Have you ever been convicted of any criminal offence for which a pardon has not been granted? If yes, give full details:	_____
6	Have you ever been licensed in another Municipality or given an exemption?	_____

