RENEWAL



APPLICATION FOR RENEWAL OF REGISTRATION OF A SUPPORTIVE HOUSING RESIDENCE

FOR THE RENEWAL OF REGISTRATION OF A:

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FOR THE PURPOSE O			OF THE REGIST	RATION,		
1. (A) NAME OF APPL	LICANT:					
(SURNAME)		(FIRST NA	(FIRST NAME)			
(B) ADDRESS OF SU	JPPORTIVE H	OUSING RESIDENC	CE:			
(STREET & NO.) (CITY)	(PROVINCE)	(POSTAL)	(PHONE)		
(C) PHONE NUMBER WILL BE OPERA		UNDER WHICH SUF RENT FROM ABOV		SING RESID		
(NAME OF SUP	(NAME OF SUPPORTIVE HOUSING)					
(D) APPLICANT'S BU	JSINESS ADD	RESS:				
(STREET & NO.) (CITY)	(PROVINCE)	(POSTAL)	(PHONE)		
(E) MAILING ADDRE	SS FOR SER	VICES (IF DIFFEREI	NT FROM ABOV	/E):		
(STREET & NO.) (CITY)	(PRO\	/INCE) (POS	TAL CODE)		

2. PAYMENT SHALL BE MADE TO THE CASHIERS OFFICE <u>cashiersoffice@brampton.ca</u> VIA A SECURED PAYMENT LINK IN THE AMOUNT PRESCRIBED FOR THE REGISTRATION UNDER SCHEDULE, "A" SHALL ACCOMPANY THIS APPLICATION. PAYMENTS ACCEPTABLE AT CITY HALL ARE CASH, CHEQUE, BANK DRAFT OR MONEY ORDER, PAYABLE TO THE TREASURER OF THE CITY OF BRAMPTON (Supportive Housing Registration By-Law # 254-2021)

ANNUAL RENEWAL REGISTRATION FEE: \$100.00

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THE	RESIDENTS A	RE: ADUL	т	SENIOR] c	HILDREN [
THE	NUMBER OF F	RESIDENTS:	<u> </u>				
	NUMBER OF F PORTIVE HOU					VACATE TH	HE
THE	CONTACT INF	O FOR THE	MANAGER	R TO RESIDE	ON TH	E PREMISE	S:
(SUF	RNAME)		(FIRST	NAME)	(Pl	HONE NUME	BER)
	M THE ORIGIN IDING IN THE S YES	SUPPORTIV	E HOUSIN				
IF Y	ES, PLEASE O	UILINE THE	: CHANGE	5:			
THE	APPLICANT M	UST PROVI	DE THE FO	DLLOWING II	NFORM	ATION:	
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Please attach an additional sheet if required for more information