

(Must be completed with Seasonal Application)

Application Information

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

Address Information

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

Organization Information

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

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

Age Categories											Percentage	
Children and Youth (0-18 years)				Adult (19-59)				Senior/Older Adult (60+)				Total Residents divided by the Total Membership
Residents		Non-Residents		Residents		Non-Residents		Residents		Non-Residents		
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	%
If you have more than one age Category, do they participate together?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the majority of your membership live within 5 km of the space you wish to permit?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your membership open to the public?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Organization has signed and submitted a copy of the City of Toronto's Human Rights and Anti-Harassment/Discrimination Declaration of Compliance? A copy of the Declaration is attached or is available online at:											<input type="checkbox"/> Yes <input type="checkbox"/> No	
http://www1.toronto.ca/City%20Of%20Toronto/Shared%20content/Articles/Approved%20Declaration%20of%20Compliance%202013%20Final.pdf												
Please attach a copy of your membership to this application.											<input type="checkbox"/> Attached	

Organization Overview

Purpose and Objective of Organization (Attach Constitution and by-laws if applicable)

Organization Details

Is your Organization Registered Not-For-Profit? If yes, please enter your registration number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Organization volunteer based with an elected executive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an annual operating budget of greater than \$5,000? If yes, please attach a financial statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the target group of your membership? (See staff for definitions of the various groups.)	
Example: (Adults, Pre-school, Cultural, or Marginalized Groups etc.)	

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 Based on Formula	Hours Allocated by City Staff	Hours Allocated by Arena Boards

Notice of Collection

The personal information on this form is collected under the legal authority of City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (c) and the City of Toronto Municipal Code, Chapter 169, Article 1 – City Manager s. (B). The information is used to categorize 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, Toronto, ON M5H 2N2 or by telephone at 416-392-1902.