



Fiona Chapman, Director
Business Licensing and Regulatory Services

Municipal Licensing & Standards
Carleton Grant, Executive Director

Licensing Services
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DESIGNATED MANAGER FORM- PERSONS OF AUTHORITY

Applicant/Licence Holder: _____

Operating As: _____

Current Business Address: _____

Please complete the following form to indicate the Designated Managers employed by your
Nightclub/Entertainment Establishment

Name of Designated Manager

Contact Information

DATE: _____ **SIGNATURE:** _____