

The Corporation of the City of Stratford Application for the Board of Management of the Downtown Stratford Business Improvement Area (BIA)

Name:	
Address:	
Telephone (day):	Telephone (night):
E-mail:	
Minimum Requirements: (may vary be Check the following that apply to you:	y committee)
A Canadian Citizen	
18 years of age or older	
A resident of Stratford or an eligible	
Ability to regularly attend meetings	(daytime and/or evening as scheduled)
	e or board, please complete a separate application form for re more room, please feel free to attach additional pages.
Which city centre business or prope	erty owner are you representing?
What is your understanding of the n	nandate or responsibilities of the BIA?

What interests you most about the BIA?	
Describe your previous volunteer experience serving on committees community?	s or boards in the
How would this previous experience, described above, enhance the	work of the BIA?
Have you previously served on City boards or committees? If yes, in committee and years of service.	ndicate the board or

Business Improvement Area Declaration

Applicant is to complete Section A or B, but not both.

Section A: Tenant Declaration

Name:

Business Name:

Business Address:

I hereby confirm that I am the owner or operator of the business named above. The business is located at the address above and is within the boundaries of the Stratford Business Improvement Area, known as the designated City Centre. I further confirm that I entered into a lease for the premises:

Please check one (1) of the following:

On or before June 11, 1998 After June 11, 1998

If entered into the lease after June 11, 1998, please check one (1) of the following:

I am responsible for paying the (BIA) City Centre levy.

I am not responsible for paying the (BIA) City Centre levy.

All Tenants to check one (1) of the following:

I have paid my (BIA) City Centre levy for the most recent year.

Even though I am responsible for paying the (BIA) City Centre levy, to date I have not paid the levy for the most recent year.

Name:

Telephone Number:

Date:

Signature:

If the Applicant applying herein for appointment to the Board of Management of the Downtown Stratford BIA is not responsible for paying any or part of the taxes with respect to the property, the property owner must nominate the Applicant.

Name of the property owner:

I, being the owner of the property shown above, advise that I am responsible for payment of the taxes. Further, I hereby authorize the Applicant named above, being the tenant of this property, as a nominee to the Board of Management of the Downtown Stratford BIA for the current term of office.

Telephone Number:
Date:
Signature:
Section B: Property Owner Declaration
Name:
Business Name:
Business Address:
I hereby confirm that I am the owner of the property named above, which falls within the boundaries of the Stratford Business Improvement Area, known as the designated City Centre.
Please check one (1) of the following:
I have paid my (BIA) City Centre levy for the most recent year. Even though I am responsible for paying the (BIA) City Centre levy, to date, I have not paid the levy for the most recent year. My tenant(s) is/are responsible for paying the (BIA) City Centre levy.
Telephone Number:
Date:
Signature:

I acknowledge, that if appointed as a member of the Board of Management of the Downtown Stratford BIA, I am governed by all applicable legislation, City By-laws and policies for the conduct of meetings and activities, including but not limited to:

- Code of Conduct
- Policy for Procurement of Goods and Services
- Procedural By-law for the Conduct of Meetings
- Policy for Hiring of Employees
- Municipal Act and Municipal Conflict of Interest Act
- Accessibility for Ontarians with Disabilities Act and Regulations

Personal information collected on this application is gathered in accordance with the Municipal Act, for use when making appointments to City Boards and Advisory Committees. The information on this application will be provided to City Council for selection of members to serve on City Boards and Committees. The information contained on this form may be subject to disclosure under the Municipal Freedom of Information and Protection of Privacy Act if circumstances warrant. Inquiries about the Act may be directed to the Clerk at (519) 271-0250, ext. 5329.

Signature of Applicant:

Date:

Send this application:
City Clerk
The Corporation of the City of Stratford
City Hall, P.O. Box 818, Stratford ON N5A 6W1

Fax: 519-273-5041

E-mail: clerks@stratford.ca