CITY OF HAMILTON LICENSING CODE NOTICE OF APPEAL

| APPELLANT INFORMATION | | | | | | |
|---|----------|---------|------|-----------------|----------|--|
| NAME OF APPELLANT: | | | | | | |
| STREET ADDRESS: | | | | | | |
| CITY OR TOWN: | Provinc | E: | | POSTAL CODE: | | |
| PHONE NUMBER: | E-MAIL A | DDRESS: | · | | | |
| PREFERRED METHOD OF NOTIFICATION: | Mail | EMAIL | | | | |
| APPEAL INFORAMTION: | | | | | | |
| Decision of the Issuer of Licenses dated: | | | | | | |
| APPLICATION FOR A (INSERT TYPE OF LICENCE(S)) |): | | COPY | OF THE DECISION | ATTACHED | |
| BRIEFLY EXPLAIN THE REASON(S) FOR YOUR APPEAL | | | | | | |
| - ATTACH ANY DOCUMENTS THAT SUPPORT YOUR GROUNDS OF APPEAL. | | | | | | |
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| | | | | | | |
| SIGNATURE : appellant/or agent ² | | DATE: | | | | |
| | | Year | Mon | п | DAY | |

'An agent who appears on behalf of an owner/occupant at a hearing must be able to do so in accordance with the Law Society Act and its regulations.

² An agent w ho is not licensed under the *Law Society Act* and its regulations and w ho signs this Notice of Appeal must submit a completed Authorization to Act as Agent for Appeal (attached), signed by the ow ner/occupant, with this Notice of Appeal.

How to Submit the Notice of Appeal

The Notice of Appeal Form must be received on or before the final date for appeal, with a copy of the Decision and applicable Fee.

Send by registered mail or deliver to: City of Hamilton, Office of the City Clerk Attention: City of Hamilton Licensing Tribunal 71 Main Street West, 1st Floor Hamilton, Ontario L8P 4Y5

- You must include the non-refundable appeal fee of \$195.00 (\$172.57+HST) (2021). Cheques or money orders are payable to the City of Hamilton. Do not send cash in the mail.
- Take care to fill out this form by printing legibly.
- Attach a copy of the Decision you are appealing to this Notice of Appeal Form.

Should the Notice of Appeal be received after the deadline, it will not be processed and it will be returned to the Appellant.

CITY OF HAMILTON LICENSING TRIBUNAL

AUTHORIZATION TO ACT AS AN AGENT FOR APPEAL

If the appellant is an individual:

| I, | [insert name(s) of appellant], authorize | | | |
|-----------------------------------|--|--|--|--|
| | [insert name of agent] to act as my agent for the | | | |
| purposes of the appeal of the | e decision made by the Issuer of Licenses to refuse | | | |
| my application for a [insert typ | e of license(s)] | | | |
| to the City of Hamilton Licens | sing Tribunal. | | | |
| Signature: | Date: | | | |
| Signature: | Date: | | | |
| If the appellant is a corporation | : | | | |
| On behalf of | [insert name of the corporation], | | | |
| I, | [insert name of person authorized to bind the | | | |
| corporation], authorize | [insert name of agent] to act as | | | |
| the corporation's agent for th | ne purposes of the appeal of the decision made by | | | |
| the Issuer of Licenses to refu | ise the application for a [insert type of license(s)] | | | |
| | to the City of Hamilton Licensing Tribunal. | | | |
| Corporation Name: | | | | |
| Signature: | Date: | | | |
| Position: | | | | |
| | | | | |

I have authority to bind the corporation.