

Personal History Report – Corporate Form 2B

Date Stamp

Approved by/Date
Application No.

Each Applicant Corporation and each Corporation with a controlling interest in the Applicant must complete and sign this form. The RHRA accepts original documents and signatures only. Faxed or electronic documents will not be accepted.

Name of Retirement Home applying for a licence (as noted on Form 1)

Retirement Home Address (physical address of the home)

Unit Number/Street Name

City, Town or Village

Province

Postal Code

Associated Corporate Information

Name of Corporation (as per Articles of Corporation)

Operating Name of Corporation

Mailing Address

Unit Number/Street Name

City, Town or Village

Province

Postal Code

Primary Contact for the Associated Corporation

Last Name

First Name

Position Title

Phone Number

Fax Number

Email Address

Association with the Applicant

What is the Corporation's association with the Applicant? (e.g. owner, partner, majority shareholder)

Licenses/Registration Certificates

If you answer “yes” to any of the following questions, attach a separate sheet and provide details, including dates, descriptions and outcomes. **Failure to disclose any information or providing false information may result in refusal to issue a licence.**

Has the Corporation ever had a commercial, professional or business registration certification or licence, of any kind, refused, revoked or cancelled? Yes No

Has the Corporation ever owned, operated or managed a long-term care home(s) in Ontario or outside of Ontario for which a licence has been revoked or been subject to revocation proceedings? Yes No

Orders and Offences

If you answer “yes” to any of the following questions, attach a separate sheet and provide details, including dates, descriptions and outcomes. **Failure to disclose any information or providing false information may result in refusal to issue a licence.**

Has the Corporation ever been charged with an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? Yes No

Has the Corporation ever been convicted of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? Yes No

Has a judge or justice of the peace ever made an order against the Corporation in respect of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada), including a peace bond, probation order, prohibition order, or warrant? Yes No

Notification

The RHRA is collecting and using the information on this form pursuant to the *Retirement Homes Act, 2010* (the “Act”), including its regulations. The RHRA is collecting the information to determine eligibility for a retirement home licence and to assist the RHRA in administering the Act.

Consent

The Corporation consents to the RHRA collecting such additional information about it as may be necessary for the RHRA to verify the information contained on the application. In addition, the Corporation consents to the collection, use and disclosure of personal information for purposes that include, but are not limited to, processing the application, determining eligibility for a licence, and administering the Act and its regulations, including any amendments or successor legislation. The Corporation further consents to the sharing of any information gathered in the course of processing this application with others as the RHRA may consider necessary in the course of determining qualification for a licence or to ensure compliance with the Act.

This form must be signed by an authorized officer of the Corporation.

By signing this form, I declare that all information provided on this form is true and complete.

Print Name

Position Title

Signature

Date