



Licence Appeal Tribunal

PO Box 250
Toronto ON M7A 1N3
Phone: 416-327-6500
Toll Free: 1-844-242-0608
Fax: 416-325-1060
Toll Free: 1-844-618-2566
Website: www.slasto-tsapno.gov.on.ca/lat-tamp/en/

Notice of Motion

Important Information

- You must complete all sections of this form and attach additional information and/or documents as required.
- The processing of your Notice of Motion could be delayed if information or documents are missing.
- Rule 11 of the Tribunal’s Rules of Practice details the procedure for making a motion to the Tribunal for consideration. It is your responsibility to ensure your motion adheres to Rule 11, including all filing and service requirements.
- The Tribunal’s Information Sheet, “Motions” provides additional information about motions at the Tribunal.
- You have the right to a representative. If you have a representative, have them complete the Tribunal's '[Declaration of Representative](#)' form and attach it to this form.

Tribunal File Number (if any): _____

Name and Contact Information of Party making this Motion:

Last Name First Name Middle Initial

Company Operating Name (if applicable)

Numbered Company Name (if applicable)

Address: Street No. and Name, Unit No.

City Province Postal Code

Phone No. Fax No.

I am the (check one):

Appellant Respondent Added Party

I am bringing forward a Motion to request (check all that apply):

- an order of the Tribunal granting an extension of time to allow me to file my appeal outside of the legislated timeline.
- an order of the Tribunal granting a stay of the order or decision that I am appealing.
- an order of the Tribunal removing a stay previously granted by the Tribunal in this matter.
- an order of the Tribunal _____

(provide details of the type of order you would like the Tribunal to make)

Additional documents needed to consider your Notice of Motion:

- I have attached a copy of the proposal, order or decision this motion relates to and any previous stays granted by the Tribunal.

Reasons You are Making this Motion:

Describe in detail why you are making this motion **and** provide details explaining why you believe the Tribunal should grant your request. (Attach additional pages if you need more space.)

Acknowledgement - Read carefully then check each box to confirm the statement and sign and date the form.

- I have completed all pages of this form and attached all the required documentation. I understand that if I submit an incomplete form or do not attach required documents, my motion may not be scheduled.
- I have served a copy of this Notice of Motion and all additional attached documents on all other parties to the appeal and where applicable, on the person who issued the order/decision/proposal that is the subject of my appeal. I have attached a completed '[Certificate of Service](#)' to this form as proof of service of the documents. (Blank '[Certificate of Service](#)' forms are available on the Tribunal's website at www.slsto-tsapno.gov.on.ca/lat-tamp/en/)

Print Name

Signature

Date (yyyy/mm/dd)

The Licence Appeal Tribunal collects the personal information requested on this form under section 3 of the *Licence Appeal Tribunal Act, 1999*. This information will be used to determine appeals under this Act. After an appeal is filed, all information may become available to the public. Any questions about this collection may be directed to the Licence Appeal Tribunal at 416-327-6500 or toll-free at 1-844-242-0608.