

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

Fields marked with an asterisk (*) are mandatory.

A. Organization information

| | | |
|---|--|------------------------|
| Organization category * Business or Non-profit | Number of employees range * 20-49 employees | Reporting year 2020 |
|---|--|------------------------|

Business details

| | |
|--|---|
| Organization legal name * Maltese Grocery LTD | Number of employees in Ontario * Help |
|--|---|

Business number (BN9) * [Help](#)
103474078

Check if operating/business name is same as legal name

| | |
|---|---|
| Organization operating/business name Maltese Grocery LTD | Language preference for communications * English |
|---|---|

Sector that best describes your organization's principal business activity * [Help](#)
44-45 - Retail trade

| | |
|---|--|
| Subsector (if possible) 445 - Food and beverage stores | Industry group (if possible) 4452 - Specialty food stores |
|---|--|

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * Canada USA International

Type of address * Street address Street address served by route Other

| | | |
|-------------|------------------------|------------------------|
| Unit number | Street number * 301 | Street name * Pearl |
|-------------|------------------------|------------------------|

| | | | |
|-----------------------|------------------|-----------------------|----------------------------|
| Street type Street | Street direction | City * Thunder Bay | Province * ON (Ontario) |
|-----------------------|------------------|-----------------------|----------------------------|

Postal code *
P7B 1E7

Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country * Canada USA International

Type of address * Street address Street address served by route Other

| | | |
|-------------|------------------------|------------------------|
| Unit number | Street number * 301 | Street name * Pearl |
|-------------|------------------------|------------------------|

| | | | |
|-----------------------|------------------|-----------------------|----------------------------|
| Street type Street | Street direction | City * Thunder Bay | Province * ON (Ontario) |
|-----------------------|------------------|-----------------------|----------------------------|

Postal code *
P7B 1E7

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

| | |
|---|---------------------------------|
| Organization category Business or Non-profit | Number of employees range 20-49 |
| Filing organization legal name Maltese Grocery LTD | |
| Filing organization business number (BN9) 103474078 | |

Fields marked with an asterisk (*) are mandatory.

D. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.

E. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

Certifier: Someone who can legally bind the organization(s).

Primary Contact: The person who will be the main contact for accessibility issues.

Acknowledgement

- I certify that I have the authority to bind all organizations specified in Section A of this form, *
- I certify that all the required information has been included in this report, and, *
- I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * 2021-04-08

Certifier information

| | | | |
|--------------------------------|---|--|----------------------------|
| Last name * Maltese | | First name * Lisa | |
| Position title * Director | Business phone number * 807-344-5911 | Extension <input type="checkbox"/> Check here if TTY | |
| Email * Maltese@tbaytel.net | Alternate phone number 807-345-8886 | Extension | Fax number 807-343-0180 |

Primary contact for the organization(s)

- Check if the primary contact is same as the certifier

| | | | |
|--------------------------------|---|--|----------------------------|
| Last name * Maltese | | First name * Lisa | |
| Position title * Director | Business phone number * 807-344-5911 | Extension <input type="checkbox"/> Check here if TTY | |
| Email * Maltese@tbaytel.net | Alternate phone number 807-345-8886 | Extension | Fax number 807-343-0180 |