



BUSINESS LICENCE APPLICATION

(Mandatory Information)

Schedule 'A' Bylaw No. 1124

(This Section for Office Use Only)

ACCOUNT NO.: _____ **S.I.C. No.:** _____ **FEE:** _____

TRADE CATEGORY: _____

AUTHORIZED BY: _____ **DATE:** _____

New: _____ Change Location: _____ Transfer: _____

Name of Business: _____

Mailing Address: _____

Postal Code: _____

Civic Address of Business: _____

Postal Code: _____

Please check box if non-resident business Property Folio No.: _____

Business Phone: _____ Cell Phone: _____

Fax: _____ E-mail address: _____

Name of Business Owner(s): _____

After Business Hour Contact - Name: _____ Phone: _____

Home Base Business (Y/N): _____

Detailed Description of Business: _____



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LEASED OR RENTED COMMERCIAL PREMISES

(only complete this section for commercial premises)

Property Owner Name: _____

Address: _____

Phone: _____

Effective Date of Lease or Rental Agreement: _____

Please indicate who will pay for the following services: *(please check the appropriate boxes)*

- | | | | |
|-----------------------------------|-----------|--------------------------|-----------------|
| Garbage & Recyclables Collection: | Business: | <input type="checkbox"/> | Property Owner: |
| Water User Fees: | Business: | <input type="checkbox"/> | Property Owner: |
| Sewer User Fees: | Business: | <input type="checkbox"/> | Property Owner: |

Note to Property Owner: Please be aware that any outstanding utility fees at the end of the year will be transferred to your property tax account.

Signature of Property Owner

Date

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

Signature of Applicant

Date of Application

Print Name of Applicant: _____

Non Resident Business: For reference, please attach a copy of valid business licence from other Municipality.



BUSINESS LICENCE APPLICATION
 (Additional Information)
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Number of Automatic Teller Machines: _____

Number of Vending Machines: _____

Hotel/Motel – Number of Rooms: _____

Apartment – Number of Units: _____

Mobile Home Park/Campground – Number of Pads/Spaces: _____

Coffee Shop/Restaurant/Pub – Seating Capacity: _____

Liquor Licenses: Yes _____ No _____

Floor Area in Square Feet: _____

Storage Area in Square Feet: _____

Number of Employees: _____

Number of Vehicles:

- Business Use: _____
- Employees: _____
- Customers: _____
- Deliveries: _____

How many of the above vehicles require on-street parking? _____

Impact of Business on Neighbourhood:

- | | | |
|---|------------|-----------|
| 1. Outside Storage: | Yes: _____ | No: _____ |
| 2. Customers Arrival/Departure on Regular Basis: | Yes: _____ | No: _____ |
| 3. Vehicles: | Yes: _____ | No: _____ |
| 4. Noise Issuing from Business: | Yes: _____ | No: _____ |
| 5. Smells and Odours Issuing from Business: | Yes: _____ | No: _____ |
| 6. Smoke or Other Emissions Issuing from Business | Yes: _____ | No: _____ |

If you answered yes to any of the above questions, please explain:



BUSINESS LICENCE APPLICATION

(Internal Checklist)

The following is for Office Use Only

PLANNING DEPARTMENT

Zoning: _____ Parking: _____

Permitted Use: _____

Concerns: _____

BUILDING DEPARTMENT

Permit No.: _____

Existing Building: _____ New Building: _____

Concerns: _____

BYLAW ENFORCEMENT

Active File: Yes: _____ No: _____

Concerns: _____

FIRE DEPARTMENT

Fire Inspection Required: Yes: _____ No: _____

Concerns: _____

APPROVALS REQUIRED BY OTHER AGENCIES

Ministry of Health:	No: _____	Yes: _____	Approved_
Liquor Control and Licensing Board:	No: _____	Yes: _____	Approved_
RCMP:	No: _____	Yes: _____	Approved_
Other: _____	No: _____	Yes: _____	Approved_

COPY OF APPLICATION TO UTILITIES DEPARTMENT? *(Tick Box When Done*)