



**BUSINESS LICENCE APPLICATION**  
*(Mandatory Information)*  
**Schedule 'A' Bylaw No. 1124**

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*(This Section for Office Use Only)*

ACCOUNT NO.: \_\_\_\_\_ S.I.C. No.: \_\_\_\_\_ FEE: \_\_\_\_\_

TRADE CATEGORY: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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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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**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS**

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Signature(s) of Applicant(s)

Date of Application

Print Name(s) of Applicant(s): \_\_\_\_\_

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



## BUSINESS LICENCE APPLICATION

### Schedule 'A' Bylaw No. 1124

#### **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:       Property Owner:

Water User Fees:      Business:       Property Owner:

Sewer User Fees:      Business:       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.

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Signature of Property Owner

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Date

*(Additional Information)*

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:

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*(Internal Checklist)*

***The following is for Office Use Only***

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**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 )**

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