



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: _____

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

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.



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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: <input type="checkbox"/>
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Water User Fees:	Business: <input type="checkbox"/>	Property Owner: <input type="checkbox"/>
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Sewer User Fees:	Business: <input type="checkbox"/>	Property Owner: <input type="checkbox"/>
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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



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(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

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 ☒)

Document 1

