



**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: \_\_\_\_\_

Street Address: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## BUSINESS LICENCE APPLICATION

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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:                       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.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

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### **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)  
**Schedule 'A' Bylaw No. 1124**

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 )**