



BUSINESS LICENSE APPLICATION

Date of Application: _____
Date Deemed Complete
for Processing: _____

Business license # _____

☐ Notice of Completeness

IMPORTANT NOTICE: This application **does not** permit you to operate the business until such time as a notice of decision has been issued by the Development Authority. If a decision has not been received within 40 days of the date of application complete for processing and no extension agreement has been entered into, you have the right to deem the application refused and file an appeal

A BUSINESS LICENSE MUST BE OBTAINED BEFORE TRANSACTIONS BEGIN.

APPLICANT

Applicant's Name: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Registered Owner's Name: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

PROPERTY INFORMATION – WHERE THE BUSINESS WILL BE CONDUCTED

Municipal Address: _____

Legal Description: Lots(s) _____ Block _____ Plan _____

Land Use District: _____ Existing use of land: _____

BUSINESS DESCRIPTION

Describe the primary function of your business. What goods and/or services are provided? Attach an additional sheet describing the business.

Will the business be operating out of a residence?

☐ Yes ☐ No

IF YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

Where will the business operate from? ☐ In-home ☐ Accessory building

How will you interact or do business with your clients or customers?

- ☐ In person. Clients/customers will come to the residence.
- ☐ Less than 1 per day ☐ 1-5 per day ☐ More than 5 per day
- ☐ Remotely. Clients/customers will not be coming to the residence but will only be in contact by:
- ☐ Phone ☐ Fax ☐ Mail ☐ Courier ☐ Internet/Email

How many on-site parking spaces for any client visits, deliveries, etc. will be available? _____

What will the days of operation be? ☐ Mon-Fri ☐ Weekends ☐ 7 days/week ☐ Part-time

What will be the hours of operation? _____

Will there be any employees that are not residents of the dwelling? ☐ Yes ☐ No

If YES:

How many employees will come to the residence? _____

Will more than 1 employee come to the residence at a time? ☐ Yes ☐ No

Will there be any equipment or materials stored outside the dwelling that will be used in conjunction with the business?

- ☐ Yes (list materials and quantities) _____
- ☐ No

Will any vehicles/machinery/tools be used to operate the business? Please list.

Will there be any flammable or hazardous materials on the premises as a result of the business?

- ☐ Yes (list materials and quantities) _____
- ☐ No

Will any goods be displayed at the residence? ☐ Yes ☐ No

Will there be a sign for the business? ☐ Yes ☐ No

DECLARATION OF APPLICANT/AGENT

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application for a Business License. I also consent to an authorized person designated by the municipality to enter upon the subject land and buildings for the purpose of an inspection during the processing of this application.

IMPORTANT: This information may also be shared with appropriate government/other agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP).

APPLICANT

Registered Owner (if not the same as applicant)