



HOME OCCUPATION BUSINESS LICENCE APPLICATION

COMPANY INFORMATION

Business Name _____

Business Civic Address _____

Contact Name _____

Description/Type of Business _____

Website Address _____ Email Address _____

BUSINESS MAILING ADDRESS AND INFORMATION

Mailing Address _____ Phone _____

_____ Cell _____

Owner Name _____ Fax _____

ADDITIONAL INFORMATION

Is the above Business Location currently under construction and/or renovation? Yes or No

Will customers have access to the business? Yes or No If Yes, Fire Safety Inspection must be completed

Fire Safety Inspection: Please attach copy of Inspection

Manufacturing (not including the making of crafts) Yes or No Please explain: _____

Any storing of stock: Yes or No Any storing of Hazardous Material: Yes or No

Business location rented or owned: Yes or No If rented, the owner's consent is required. Please provide a letter of authorization from the owner.

Parking provided: _____ Signage: _____

Times of Business Operation: _____

Name of Applicant: _____ Signature of Applicant: _____

(Please Print)

Date: _____

FOR OFFICE USE ONLY (Where Applicable)		
Customer Code:		
Folio No:	Zoning:	Use is permitted:
Approvals:	Health Dept:	
Building Inspector:	Fire Dept:	
Licence Inspector:	Date of Approval:	