



# Business Licence Application

LICENCE #

BUSINESS CATEGORY

NEW LICENCE

OWNERSHIP CHANGE

ADDRESS CHANGE

NAME CHANGE

<b>BUSINESS NAME</b>			
AGENTS NAME			
<b>BUSINESS LOCATION</b>			
MAILING ADDRESS			
TYPE OF BUSINESS & BRIEF DESCRIPTION			
HOME PHONE		BUSINESS PHONE	
FAX		CELL	
E-Mail Address			

**BUSINESS LICENCE FEE \$120.00**

**OFFICE USE ONLY**

Paid <input type="checkbox"/>	Ownership Transfer Fee \$20.00 <input type="checkbox"/>	Home Occupation <input type="checkbox"/>
Date _____	Seasonal Class <input type="checkbox"/>	Non-Resident <input type="checkbox"/>
Previous Licence # _____	2 <sup>ND</sup> Licence # _____	
<b>Approval Date</b> _____	<b>Licence Inspector</b> _____	

**BUILDING DEPARTMENT:**

DATE: \_\_\_\_\_ BUILDING INSPECTOR: \_\_\_\_\_

**PLANNING DEPARTMENT:**

DATE: \_\_\_\_\_ PLANNER: \_\_\_\_\_

**FIRE DEPARTMENT:**

DATE: \_\_\_\_\_ FIRE INSPECTOR: \_\_\_\_\_

**HEALTH DEPARTMENT:**

DATE: \_\_\_\_\_ HEALTH INSPECTOR: \_\_\_\_\_

**OTHER COMMENTS:**

**BYLAW FILE #:** \_\_\_\_\_