



BUSINESS LICENSE APPLICATION

Thank you for choosing Stavelly as your business location:

- All sections of this application must be completed before the application can be processed. If any fields are irrelevant to your business please mark "N/A".
- All new home-based businesses require a Development Permit prior to the issuance of an approved Business License.

Date: _____ **Name of Business:** _____

Name of Contact: _____ **Title of Contact:** _____

Please check one:

NEW APPLICATION <input type="checkbox"/>	BUSINESS LICENSE RENEWAL <input type="checkbox"/>
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Existing Use: _____ **Proposed Use:** _____

Proposed Hours of Operation: _____ **to** _____ **Days of the Week:** _____

Please Circle Yes or No:

Noise Generated: Yes No **Storage of Goods on Property:** Yes No
Odors or Effluents: Yes No **Off Street Parking Available:** Yes No
Increase in Vehicle Traffic Yes No

	Physical Location of Business	Business Mailing Address
Address Line 1		
Address Line 2 (optional)		
Town/City		
Province		
Postal Code		

	Business Information	Contact Information
Phone		
Fax		
Toll Free		
E-Mail		
Website		Emergency Contact #:

Display in Business Directory (Please Circle): YES NO

Please check all that apply

In Town Business:	Application Fee \$35 <input type="checkbox"/>	In Town \$30 <input type="checkbox"/>	Home Occupation \$45 <input type="checkbox"/>	Regional \$80 <input type="checkbox"/>
Out of Town Business:		Day License \$20 <input type="checkbox"/>	Week License \$30 <input type="checkbox"/>	Year License \$150 <input type="checkbox"/>

Out of town businesses dates in town conducting business: _____

Address (Home Owner Name) conducting business at: _____



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Name of Business: _____
(From Page 1 of Application)

Selected	Description
<input type="checkbox"/>	Accommodation & Food Services
<input type="checkbox"/>	Agricultural Services
<input type="checkbox"/>	Art, Entertainment, Recreation, Crafts
<input type="checkbox"/>	Construction (Commercial)
<input type="checkbox"/>	Construction – Residential
<input type="checkbox"/>	Construction Other (paving, concrete, roofing, landscaping services, etc)
<input type="checkbox"/>	Retail (clothing, gifts, furniture)
<input type="checkbox"/>	Trades People (Electricians, Plumbers, Gas Fitters, etc.)
<input type="checkbox"/>	Financial and/or Insurance Services
<input type="checkbox"/>	Oilfield and or Trucking Services
<input type="checkbox"/>	Professional and/or Technical Services (lawyer, accountant, advertising)
<input type="checkbox"/>	Real Estate, Rental, Leasing
<input type="checkbox"/>	Personal Services (salons, massage etc.)
<input type="checkbox"/>	Storage Facilities
<input type="checkbox"/>	Industrial Service – Welding, Glass, Tire Services
<input type="checkbox"/>	Auction Markets
<input type="checkbox"/>	Other Services (ie. Cannabis, dog grooming & boarding, cleaning, alterations)

Brief Description of Products & Services supplied:

I confirm the information provided is true and accurate to the best of my knowledge.

Name: _____ **Signature:** _____

Date: _____

For Office Use Only

Approved/Denied: _____ License Fee: _____ Paid: _____

Approved On Conditions:

Refused/Revoked:
