

Town of Bishop's Falls
Business (General and Home) Licence Application Form

FOR OFFICE USE ONLY		
Receipt #:	Licence #:	Date Issued:

PART 1 – APPLICATION INFORMATION

Name	
Mailing Address	
Civic Address	
Telephone Number	
Cell Number	
Email address	

PART 2 – LICENCE SPECIFICATION

Please indicate the licence you are applying for by ticking the appropriate category below.

General Business Licence (go to part 3) Home Based Business Licence (go to part 4)

PART 3 – GENERAL BUSINESS LICENCES

Please provide the following information regarding your proposed business:

(a) Business activity or activities

(b) Number of employees

(c) Location of business activity or activities

(d) Customer/Client parking requirements and the parking plan.

NOTE: If your business includes the construction (or modification) of a building or the development of land, you must also submit a Development Permit Application.

As part of the application you must also submit the following documentation:

- Business floor plan with accurate measurements in meters.
- Letter from the Government of Newfoundland and Labrador approving or exempting your business concerning Fire/Life Safety and Building Accessibility.

PART 4 – HOME BASED BUSINESS LICENCES

Please provide the following information regarding your proposed business:

(a) Business activity or activities

(b) Location of business (Civic Address)

(c) Number of employees

(d) Advertisement strategy

(e) Business storage facilities

(f) Anticipated number of customers/clients per week

(g) Customer/Client parking requirements and the parking plan.

(h) Percentage of total floor area of the home devoted to the business.

As part of the application you must also submit the following documentation:

- Letter from the Government of Newfoundland and Labrador approving or exempting your business concerning Fire/Life Safety and Building Accessibility.

PART 5 – DECLARATION OF APPLICANT

I hereby declare that the information contained in this application and the attached schedules, plans, designs, and other documents is true and accurate to the best of my knowledge. I further declare that the licence I may be issued will be executed in accordance with all applicable municipal and provincial regulations. I further give permission for the Town of Bishop’s Falls to enter my property upon giving appropriate notice to conduct an inspection to verify the information submitted through this application.

Applicant Name

Date

For Office Use Only			
Date Application Received:	Received By:	Area Zoned As:	Licence Number:
Staff Review			
___ Permit/Licence Approved ___ Permit/Licence Denied ___ Application Referred to Council			
Staff Comments:			
Council Review (if applicable)			
Standing Committee Number:	Public Meeting Number:	Motion Number:	Decision:
Permit/Licence Conditions:			
Signature of Town Clerk or Town Clerk Designate		Date	