



TOWN OF FORT SMITH BUSINESS LICENSE APPLICATION
In accordance with Bylaw 504, Bylaw 873, and the current Rates and Fees Bylaw.

ALL BUSINESSES AFFECTING THE USE OR INTENSITY OF USE OF A PROPERTY PER ZONING BYLAW 936 MUST BE ACCOMPANIED BY A DEVELOPMENT PERMIT APPLICATION.

Date of Application	New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>
Name of Applicant	Name of Business	
Business Street Address	Legal Address Lot: _____ Plan: _____	Mailing Address
Phone Number	Fax Number	Can your business info be put on the Town's website? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Business Website:	
Do you wish to receive email newsletters from the Town regarding Business opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business: RESIDENT <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation – Includes desk operations <input type="checkbox"/> Commercial in a residential zone – Non-conforming <input type="checkbox"/> Hawker/Peddler <input type="checkbox"/> Junior Business <input type="checkbox"/> Charitable Purposes		Type of Business: NON-RESIDENT <input type="checkbox"/> Non-resident <input type="checkbox"/> Non-resident Vendor <input type="checkbox"/> Charitable Purposes
<input type="checkbox"/> Change Fee <input type="checkbox"/> Late Fee (if renewal received after February 15) <input type="checkbox"/> Reduced resident rate (application after Sept. 1 st)		
ALL RATES AND FEES WILL BE BASED ON THE CURRENT RATES AND FEES BYLAW		
PROVIDE A COMPLETE DESCRIPTION OF YOUR BUSINESS: Include what the business does, how much foot and vehicle traffic there will be, what will be stored on-site, what services or products will be offered, what the hours of operation will be, what signs will be installed, what demolition or construction may occur etc. (Being thorough will avoid delays in processing times. Attach a separate letter if necessary.)		
Date of Commencement (If New or Non-Resident):		Date of Termination (If Non-Resident):
		Number of Employees Full Time: _____ Part Time: _____

I, _____, hereby make an application for a license in accordance with the particulars as above stated and certify that the number of persons employed in the said business will be _____ (or _____ person-years) including owner and that the necessary verification has been received in accordance with the provisions of the Worker's Compensation Act.

*** Note: If you wish to submit this application via email please send it to reception@fortsmith.ca**

Signature of Applicant

On Behalf of (Name of Business)

Signature of Development Officer

Date