



THE CORPORATION OF THE TOWN OF FORT SMITH APPLICATION FOR A BUSINESS LICENSE

As per Town of Fort Smith bylaws if you are applying to operate a home occupation business for the first time an application for development must be filled out as well. Please contact the Town of Fort Smith at (867)872-8400 to make payment arrangements.

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	Do you wish to have your contact information to be placed on the Town's website? Yes/No <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Web Page Address	
Type of Business: RESIDENT <input type="checkbox"/> Commercial (located in Town Centre, Highway Commercial, Light Industrial, Heavy Industrial and Institutional Zones or as allowed in Residential Zone as specified in Bylaw (794)) \$75.00 <input type="checkbox"/> Home Occupation (located in a Residential Zone) \$125.00 <input type="checkbox"/> Telephone/Desktop Operation (located in a Residential Zone) \$125.00 <input type="checkbox"/> Hawker/Peddler \$125.00 <input type="checkbox"/> Junior Business \$1.00 <input type="checkbox"/> Charitable Purposes no charge Please Note: Resident business applications after September 1 will cost one half the regular price	Type of Business: NON-RESIDENT <input type="checkbox"/> Hawker/Peddler \$285.00 <input type="checkbox"/> Contractor \$225.00 <input type="checkbox"/> Charitable Purposes no charge	
<input type="checkbox"/> Change Fee for any license \$35.00	<input type="checkbox"/> Late Fee (if renewal received after February 15) \$35.00	
Particulars of Occupation, Trade, Calling or Business to which this application will apply: PLEASE INDICATE ALL AREAS OF OPERATION		
Date of Commencement (If New or Non-Resident):	Date of Termination (If Non-Resident):	Number of Employees Full Time: _____ Part Time: _____

I, _____, hereby make 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.

***Important Note: A signature is not required if you are submitting this application online. Please be advised that by submitting this application online you are authorizing the Town of Fort Smith to process an application for a business license for the above mentioned business name.**

Signature of Applicant

On Behalf of (Name of Business)

License Approved: _____
Signature of SAO or Development Officer

Date: _____