

Application Type (please check all that apply)

- NEW BUSINESS** **\$135.00**
- Change of Location** **\$135.00** Previous Location: _____
- Change of Ownership** **(no charge)**
- Change of Business Name** **(no charge)** Previous Name: _____

Business Information

Business Trading Name: _____

Corporation Name (if different than above): _____

Business Address: _____ Postal Code: _____
(this must be a physical location address in Saskatoon, P.O. Box or Rural addresses are not valid)

Business Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Have you previously held a City of Saskatoon Business Licence? No If Yes, What Year? _____

Business Description

What industry type would you classify your business under? (e.g. Manufacturing–kitchen cabinets for residential & commercial projects)

Please describe the primary functions of your business: (e.g. workshop for cabinet making and office space for business administration)

Business Owner Information (e.g. Sole Proprietor, Head Office, Primary Company, etc.)

Owner Name(s): _____
First Name Middle Initial Last Name

Owner Corporation Name: _____

Owner Mailing Address: _____
Unit # Street Number, Name & Direction City Province / State

Phone: _____ Fax: _____ Postal Code: _____

Business Contact (if different than above): _____
First Name Middle Initial Last Name

Employee and Commercial Space Information

1. Total number of employees (including yourself) Full-time: _____ Part-time: _____ Seasonal: _____
2. What is the total gross leasable floor area?
Definition: The amount of space within a building(s) used for business operations (such as offices, retail, storage, warehouse, etc.)

Main Level: _____	<input type="checkbox"/> square feet or <input type="checkbox"/> square metres
Upper Levels: _____	<input type="checkbox"/> square feet or <input type="checkbox"/> square metres
Basement: _____	<input type="checkbox"/> square feet or <input type="checkbox"/> square metres
3. If applicable, what is the total seating capacity? (for restaurant / café / nightclub / tavern only) _____ persons
4. If applicable, will alcohol be served at the business? Yes No



Alterations / Renovations

Have you made any alterations or renovations to the building or the site? Yes No

If yes, please list all site, plumbing, and/or building changes and when the work was completed.

NOTE: For a **change of use, addition or alteration** to an existing building, it is recommended that you consult with Building Standards (306-975-2645) regarding **building permit** requirements, prior to construction being done.

Outdoor Storage

Will you have any outdoor storage? Yes No - If yes, please describe: _____

Site / Floor Plan

Please provide a site / floor plan of the building (draw in the area below), indicating the portion of space you occupy or if you occupy the entire building. (Feel free to attach the floor plan that is typically included with a lease agreement or any other supporting documents)

DECLARATION OF APPLICANT/OWNER

I hereby certify that all the above statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of *The Canada Evidence Act*.

Signature of Applicant: _____ Date: _____

Please Note: The fees must be submitted with application*. Please allow 10-15 business days to have your application processed.
*There is no charge for a change in ownership or change of business name.

Mail or drop off the completed application form, application fees and any necessary supporting documents to:
City of Saskatoon, Community Standards
City Hall, 3rd Floor – 222 3rd Avenue North
Saskatoon, SK S7K 0J5
Make cheques payable to: **City of Saskatoon**

For more information, contact us at:
business.license@saskatoon.ca
or call 306-975-2760
or visit our website for additional information on starting a business:
www.saskatoon.ca

FOR OFFICE USE ONLY:		Business ID: _____
Zoning Designation: _____	BP: _____ / _____	Approved by: _____
Proposed Use: _____	ZC: _____ / _____	Date: _____
Comments: _____		
Cash Receipt No.: _____	Amount Paid: _____	Cheque No.: _____