

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: _____

Business Owner / Contact: _____
First Name Middle Initial Last Name

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

Business Description

- (a) What industry type would classify your business under (e.g. residential construction) _____
- (b) Please describe the primary functions of your business (e.g. finish carpentry, interior millwork, painting)

- (c) List the number of employees working at your home and away from your home (be sure to include yourself)
- | | Full-time | Part-time | Seasonal |
|-----------------------------|-----------|-----------|----------|
| Working at your home | | | |
| Working away from your home | | | |
- (d) What will the days of operation be? Mon-Fri 7 days/week Part-time
- (e) Do you reside at the business address? Yes No
 If "no", where do you reside? (provide the address below)

- (f) Do you expect to have clients or customers coming to your residence?
 No Yes If yes, approx. how many per day? _____ How many at one time? _____
 For what reason? _____
- (g) Where will clients or customers park? _____
 If applicable, where will employees park? _____
- (h) List any other owner or partner(s) maintaining a separate business location (skip this if you are the sole proprietor).
- | Additional Owners (First, Middle, Last Name) | Address | Phone |
|--|---------|-------|
| | | |
| | | |

Storage and Equipment Details

(i) List any equipment or supplies used and identify where it will be stored. (e.g. computer, tools, cleaning supplies, skidsteer)

List Equipment / Supplies in the fields below:	Storage Location	
	Home (check box)	Off-Site or other location (then provide address)
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

(j) Does your business require the use of vehicle(s)? Yes No

If Yes, what Type of Vehicle? (e.g. car, SUV, truck, semi, bus, utility trailer)	Gross Weight (in kg)	Length (metres)	Where is it kept?

(k) Will materials or supplies be delivered to your home? Yes No

If yes, please describe how often and in what quantity? _____

Dwelling Details

(l) What is the total floor area of your home (all levels)? _____ square feet or square metres

(m) Which room(s) will be used for the home based business and what is the approximate floor area to be used?

List all room(s) used in your home for business purposes	floor area used

square feet or square metres

(n) Describe any exterior or interior alterations/renovations that will be made in connection with the proposed home based business. A building permit may be required for interior alterations/renovations. Please contact Building Standards at 306-975-2645 for details on building permit regulations.

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

Visit our website for additional information on starting a business: www.saskatoon.ca

FOR OFFICE USE ONLY:

Business ID: _____ Approved by: _____ Date: _____

Comments: _____

Cash Receipt No.: _____ Amount Paid: _____ Cheque No.: _____