

HOME OCCUPATION APPLICATION FORM

(In accordance with Bylaw No. 03-2023)

For Office Use:
 License Number _____
 Receipt Number _____

Please complete all questions on this Application Form and return to the Business Licensing Department. Failure to do so may result in delays in processing.

Application Type (please check all that apply):

New Home Occupation

Renewal

Change of Location/Address (previous location): _____

Change of Business Name (previous name): _____

Applicant Information:

Operating Business Name: _____

Registered Business Name: _____

Business Physical Address: _____

Mailing Address: _____

Business Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Owner Name: _____

Start Date: _____

Business Description:

Please provide a brief description of the operation of the business:

In what manner will your clients/customers receive services (eg. phone, mail, delivery, etc)?

Please note that retail sales are not permitted from a residence. If the business contains a retail component, all sales must take place at a commercial or other approved location. Please list any equipment or supplies and any other locations where your products may be sold below:

Equipment/Supplies (other than office supplies)	Storage location in the home:	Off-site or other location: (please provide address)

How, and how often, will the above material, supplies or products be delivered to your home?

Please list any vehicles that your business will use:

Type of vehicle:	Gross Weight:	Length (in metres)	Where is it stored:

To maintain the residential nature of the area, all activities related to the home occupation must be undertaken indoor (house, shed, garage, etc.). Please list the areas where the home occupation will operate, and the approximate square footage:

Describe any exterior or interior alterations to be made to the dwelling in connection with the home occupation:

Will clients/customers be coming to your home? Yes No

If yes, approximately how many per day? _____

If yes, approximately how many would be there at the same time: _____

If yes, where will they be parking their vehicles: _____

What are the days & hours of operation going to be? _____

Are you the sole owner and operator of this home occupation? Yes No

If no, please provide the name(s) and address(es) of any partner(s) or employee(s) and describe their role in the operation, what work they do and where they perform their work:

I hereby certify that all of 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 of the same force and effect as if made under oath and by virtue of *The Evidence Act (Canada)*.

Date

Signature

Would you like the Town of Fort Qu'Appelle to advertise your business on our website and directory boards? Please circle yes or no. If yes, complete below:

Phone Number _____

Website link _____

Facebook Page Name _____

QR Code _____

Business Address _____