



# Commercial Business License Application and Renewal Form

**For Office Use Only:**

Application Date: \_\_\_\_\_

Total Fees Due: \_\_\_\_\_

**Application Type** (Check and complete all that apply)

- New Business License **\$100.00**
- New Business License after July 1<sup>st</sup> **\$ 50.00**
- Annual Renewal **\$ 50.00**

- Change of Information **\$ 25.00**
- Address  Mailing  Location
- Business Name
- Ownership
- Use

Previous Use: \_\_\_\_\_ New Use: \_\_\_\_\_

**Entire Application Must Be Completed and Returned to:**

Town of Nipawin      Email: info@nipawin.com  
 P.O. Box 2134      or  
 SOE 1E0      Faxed to 306-862-3076  
**Please make cheques payable to Town of Nipawin**

Previous Address: \_\_\_\_\_  
 Previous Business Name: \_\_\_\_\_  
 Previous Owner: \_\_\_\_\_

**Business Owner Information** (Please print clearly) \*All mail will be sent to the address listed in this section

Owner Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Unit #	Building #	Street Name	
City	Province/State	Postal/Zip Code	

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Business Ownership Type:**

- Co-operative     Corporation (closely held)     Corporation (public)     Partnership     Sole Proprietorship

\*PST #: \_\_\_\_\_ \*ISC Entity #: \_\_\_\_\_ \*

**\*AT LEAST ONE OF THE NUMBERS IS REQUIRED**

Number of Employees (Including self):    Full Time \_\_\_\_\_    Part Time: \_\_\_\_\_

**Business Information** (Please print clearly)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Unit #	Building #	Street Name	Town	Province	Postal Code
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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact: \_\_\_\_\_

**I give permission to list this business in the Town of Nipawin Business Directories**  Yes  No **Initial** \_\_\_\_\_

**Business Use** (Please check one)

- Retail       Personal Services       Hotel/ Restaurant       Wholesale/Distribution       Agriculture
- Education       Public Utilities       Transportation       Manufacturing/Processing
- Construction/ Contractor       Finance/ Insurance/ Real Estate       Pawn Shop/ Secondhand
- Other - Please specify: \_\_\_\_\_

**Business Description** (Please print clearly)

Please describe the **primary function** of the business: \_\_\_\_\_

**Goods and Services Provided:** \_\_\_\_\_

**Gross leasable floor area:** (the amount of space within the building used by the business operation, including offices and storage).

Grade level \_\_\_\_\_ Basement \_\_\_\_\_ Upper Level(s) \_\_\_\_\_

**Seating Capacity (restaurants and bars)** \_\_\_\_\_ **Special Equipment:** \_\_\_\_\_

**Alterations and Renovations** (may require a development permit)

Are alterations or renovations planned for the site?  Yes  No

If yes please indicate any site, plumbing, electrical and building changes that are planned and when work is expected to be completed. \_\_\_\_\_

**Please provide a floor plan or sketch of the space, indicating the area your business will occupy or if your business occupies the entire building (use additional paper if required and attach to this application).**

**Please Note: This is an application only.** Approval generally takes 7 -10 days. However, the process may take longer if other requirements are to be fulfilled.

**Your application is not approved until you receive your license from the Town of Nipawin**

**You may be required to apply for additional permits or site inspections before your application may be approved.**

- ❖ The *Business License Bylaw No. 691/14* requires all businesses to obtain a Business License before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application require that the Town of Nipawin be notified through new application for the license to be updated and considered valid.

**Acknowledgement of Responsibility**

**Information on Policies and Bylaws can be found on the Town of Nipawin website @ [www.nipawin.com](http://www.nipawin.com)**

- I am aware that a business license is **non-transferable** for ownership, use or location change without reapplication for the change of information.
- I am aware that the Town of Nipawin **must be notified** if the business is discontinued in order to avoid renewal fees for the following year.
- I agree to operate my business as required under the *Business License Bylaw*.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Zoning/District: \_\_\_\_\_

Discretionary Use Application Required?  Yes  No Discretionary Use Approval Date: \_\_\_\_\_

Additional Permits/Inspections/ Licenses/Certifications required: \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_