



# Home Based 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
- Annual Renewal
  
- Change of Information
  
- Address    Mailing    Location
- Business Name
- Ownership
- Use

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

Town of Nipawin      Email: info@nipawin.com  
P.O. Box 2134                      or  
S0E 1E0                      Faxed to 306-862-3076  
**Please make cheques payable to Town of Nipawin**

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

## Home Based Business Licencing Fee

### Business Information (Please print clearly)

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

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Nipawin SK \_\_\_\_\_

Unit #      Building #      Street Name      Town      Province      Postal Code

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

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

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

### 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 Use (Please check one)

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

**Business Description** (Please print clearly)

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

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

Will you have clients or customers attending your residence?  No  Yes How many per day? \_\_\_\_\_

What will your hours of operation be? \_\_\_\_\_ What will the days of operation be? \_\_\_\_\_

List any equipment used in the operation of your business: \_\_\_\_\_

Does your business have a dedicated business vehicle(s)?  No  Yes How many? \_\_\_\_\_ Type? \_\_\_\_\_

Where will the vehicle be parked when not in use? \_\_\_\_\_

Describe any interior or exterior alterations/renovations that will be required for the proposed home-based business: \_\_\_\_\_

Will material/goods/supplies be delivered to your home?  No  Yes How often? \_\_\_\_\_

**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.
- ❖ The Town of Nipawin license must be displayed prominently at the place of business.

**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: \_\_\_\_\_

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

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