Application Form



COMMERCIAL BUSINESS LICENCE

Date of Application:	File No.:	Page 1 of 2

Thank you for applying for a City of Saskatoon Commercial Business Licence. Your application will be reviewed for compliance with provincial and federal licensing requirements, and municipal zoning and building regulations. Complete applications are reviewed in approximately 2-3 weeks. You will be contacted if more information is needed. A Building and Development Permit may be required to address a change in land use or building occupancy, or if construction has occurred. You will be advised how to apply by the Building Standards Department. Please allow additional time to complete the application review.

Application Type (pleas	se check all th	at apply)			
☐ NEW BUSINESS (\$135.0)0)	_			
☐ Annual Renewal (\$95.00)) / Multi-Year R	tenewal (\$)		
\square Change of Location (\$13)	35.00) / Change	of Location within	3 months of Re	enewal (\$40.00)	
Previous Location:					
☐ Change of Ownership (I	no charge)				
☐ Change of Business Na	me (no charge)	1			
Previous Name:					
Business Information					
Business Trade Name:					
Corporation Name (if different	than above):				
Business Address:(This is the physical lo	cation where the b	ousiness is operated from	n. Must be locate	Postal Code: d within Saskatoon.)	
, , ,		<u>-</u>		Fax:	
				☐ If Yes, What Year?	
Business Description					
	lassify your busing	ess under? (e.g. Manufa	acturing-kitchen	cabinets for residential projects)	
Please describe the primary fur	actions of your hus	einess: (e.a. workshop f	or cahinet makin	g and office space for administra	etion)
	Totions or your bus	alless. (e.g. workshop k	UI Cabinet makin	g and onice space for administra	
Business Owner Inforn	nation (e.g. S	ole Proprietor, He	ad Office, P	rimary Company, etc.)	
Owner Name(s):					
Owner maine(s)	First Name	Middle Initia	l	Last Name	
Owner Corporation Name:_					
Owner Mailing Address:					
	Unit No.	Street Number, Name and	d Direction	City Province / S	State
Phone:	Fax: ₋		Postal	Code:	
Business Contact (if different t	than above):				
		First Name	Middle Initial	Last Name	

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Employee and Commercial Space In	nformatio	on					
1. Total number of employees (including yourse	elf) Full-t	ime:	_ 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:		square feet or square metres			
	siı ===	Upper Levels:		square feet or square metres			
		sement:		_			
3. If applicable, what is the total seating capacity for persons? (for restaurant / café / nightclub / tavern only) seats							
4. If applicable, will alcohol be served at the	business?	Yes	□ No				
Alterations/Renovations							
Have you made any alterations or renovatio	ns to the b	uilding or the s	ite? □Yes	□No			
If yes, please list all site, plumbing, and/or b		ū		_			
	J	.		'			
Outdoor Storage							
Will you have any outdoor storage? ☐Yes	□No - If v	es please desc	cribe:				
Tim yea have any ediaser dierage.	,	oo, pioado ado	onioo				
Site/Floor Plan							
Please enclose your site/floor plan with your	• •	7.	•	, ,			
have a copy, please review the sample site/	noor plan (on the next pag	je and draw it in	i the space provided.			
DECLARATION OF APPLICANT/OWNER							
I hereby certify that all the above statements contain	ed within this	s application are t	rue, and I make th	nis 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 <i>The Canada Evidence Act</i> .							
Signature of Applicant:			Dat	e:			
Mail or drop off the completed application form, application fees For more information, contact us at:							
and any necessary supporting documents to: City of Saskatoon, Community Standards		business.licence@saskatoon.ca					
City Hall, 3 rd Floor – 222 3 rd Avenue North Saskatoon, SK S7K 0J5		or call 306-975-2760 Visit our website for additional information on starting a business:					
Make cheques payable to: City of Saskatoon www.saskatoon.ca							
FOR OFFICE USE ONLY:		Business ID):				
Zoning Designation:	BP	:/	Арр	roved by:			
Proposed Use:	zc	:/	Date	9:			
Comments:							
Cash Receipt No.:	Amount F	Paid:	Che	aue No.:			