

Thank you for applying for a City of Saskatoon Home-Based 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 permit may be required, and you will be advised how to apply. Please allow additional time to complete the application review.

Application Type (please check all that apply)

- NEW BUSINESS (\$135.00)**
- Annual Renewal (\$95.00) / Multi-Year Renewal (\$_____)**
- Change of Location (\$135.00) / Change of Location within 3 months of Renewal (\$40.00)**
Previous Location: _____
- Change of Ownership (no charge)**
- Change of Business Name (no charge)**
Previous Name: _____

Business Information

Business Trade Name: _____

Corporation Name (if different than above): _____

Business Address: _____ Postal Code: _____
(This is the physical location where the business is operated from. Must be located within Saskatoon.)

Business Phone: _____ Cell: _____ Fax: _____

Business Email: _____ Website: _____

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 (including 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 If "no", where do you reside? (provide the address below)
 No _____

(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? _____

Separate Business Location (if applicable)

(h) List any other owner/partner maintaining a separate business location.

Additional Owners (First, Middle, Last Name)	Address	Phone	/ Email
			/
			/

Storage and Equipment Details

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

List Equipment / Supplies in the fields below:	Storage Location (please check box)	
	Home	Off-site (please provide an 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 parked?

(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
	<input type="checkbox"/> square feet or <input type="checkbox"/> square metres
	<input type="checkbox"/> square feet or <input type="checkbox"/> square metres

(n) Describe any exterior or interior alterations/renovations that will be made in connection with the home-based business.

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:** _____

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.licence@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.: _____