Application Form



HOME-BASED BUSINESS LICENCE

Community Standards	Date of Application:	File No.:	Page 1 of 2
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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)							
Application Type (please check all that apply) NEW BUSINESS (\$135.00) Annual Renewal (\$95.00) / Multi-Year Renewal (\$								
Previous Name:								
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: Business Owner / Contact: First Name								
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)								
Working at your home Working away from your home	Full-time	Part-time	Seasonal					
(d) What will the days of operation be?(e) Do you reside at the business add		☐ 7 days/week e do you reside? (provide t	☐ Part-time he address below)					
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?							

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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			
					1		
					/		
Storage and Equipment Details							
(i) List any equipment or supplies used a	and identify where it wi	ll be stored. (e.g	g. cor	nputer, tools, cl	eaning supplies, skid steer)		
1 ''				Ocation (please check box) Off-site (please provide an address)			
				Oil-site (please provide all address)			
				<u> </u>			
(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?		
(I.) Mill restanted as a supplied to delivere	d	Vaa 🗆 Na					
(k) Will materials or supplies be delivered	•	Yes □ No					
If yes, please describe how often and in	what quantity?						
Dwelling Details							
(I) What is the total floor area of your hon	ne (all levels)?] square feet o	r ☐ square metres		
(m) Which room(s) will be used for the ho			ppro	ximate floor are	a to be used?		
List all room(s) used in your home for business purposes		Floor Area Used		r Square metres			
			_	square feet o	r 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 <i>The Canada Evidence Act</i> .							
Signature of Applicant: Date:							
Mail or drop off the completed application form	n, application fees	F	or mo	ore information, c	ontact us at:		
and any necessary supporting documents to: City of Saskatoon, Community Standar				ess.licence@sa or call 306-975-	skatoon.ca		
City Hall, 3rd Floor – 222 3rd Avenue North Saskatoon, SK S7K 0J5 Visit our website for additional information on starting a busine				tion on starting a business:			
Make cheques payable to: City of Sasl	katoon				THOU THOU		
FOR OFFICE USE ONLY:	Approved by:			г	lata:		
Business ID:					Oate:		
Cash Receipt No :	Amount Paid:	aid:		Cheque No	· ·		