

TOWN OF EATONIA

SCHEDULE "D" TO BYLAW 1/15

HOME BASED BUSINESS LICENSE APPLICATION

File No: _____ **Date of Application (mm/dd/yy):** ____/____/____ **Fee:** \$ _____

Application Type: (please check all that apply):

- | | |
|--|--------------------------|
| <input type="checkbox"/> New Business (\$25) | |
| <input type="checkbox"/> Change of Location (\$15) | Previous Location: _____ |
| <input type="checkbox"/> Change of Ownership (No Charge) | |
| <input type="checkbox"/> Change of Business Name (No Charge) | Previous Name: _____ |

Make cheques payable to: Town of Eatonia

Forward the completed application form, any necessary supporting documents, along with the fee:

Town of Eatonia

Box 237

Eatonia, SK S0L 0Y0

For more information contact us at: eatonia@sasktel.net or call (306) 967-2251

Business Information (Please Print Clearly):

Business Name: _____

Address: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email Address: _____ Website: _____

Business Owner/Contact: _____

Business Description (Please Print Clearly):

a) Please describe in your own words the primary function of your business. What goods and services are provided:

b) What will the days of operation be? _____

c) In what manner will your clients or customers receive your services (e.g. in person, telephone, mail, internet, fax, etc.)?

d) Do you reside at the business location? Yes No If no, what address do you reside at?

e) Will you have clients or customers coming to your residence? Yes No

If yes, approximately how many per day? _____ How many at one time? _____

f) How many people work for this business and where do they work? (Please include yourself)

On-site (at home):

Off-site (away from the home):

Full-time ____ Part-time ____ Seasonal ____ Full-time ____ Part-time ____ Seasonal ____

If on-site, where will they park? _____

g) Will you be the sole owner of the business? Yes No

If no, provide the name, address and phone number of any other owner or partner(s) maintaining a separate business location _____

h) List any equipment used to operate the home based business _____

i) In connection with your business, do you require any materials/equipment to be store at home (list and quantity)? _____

j) Does your business have a designated business vehicle? Yes No

If yes, what type _____ What is the gross weight _____ Length _____ Where is it kept _____

k) Will materials be delivered to your home? Yes No

If yes, describe how and in what quantity _____

l) What is the floor area of your home? _____ ft² or m²

m) Which room(s) will be used to conduct the home bases business and what is the approximate floor area to be used?

_____ ft² or m² _____ ft² or m²

n) Describe any exterior or interior alterations/renovations that will be made in connection with the proposed home based business (a building permit may be required for alterations/renovations).

Declaration of Applicant:

I hereby certify that all statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath, and by virtue of *The Canada Evidence Act*. I have enclosed the required Application Fee*

Applicant's Signature

Date

For Office Use Only: Category: _____	Date: _____
Receipt #: _____	Amount Paid: _____
Comments: _____	Approved By: _____