

Town of Bishop’s Falls

Business (General and Home) Licence Application Form

FOR OFFICE USE ONLY		
Receipt #:	Licence #:	Date Issued:

PART 1 – APPLICATION INFORMATION

Name	
Mailing Address	
Civic Address	
Telephone Number	
Cell Number	
Email address	
When is the business starting operations?	

PART 2 –LICENCE SPECIFICATION

Please indicate the licence you are applying for by ticking the appropriate category below.

☐ General Business Licence (go to part 3) ☐ Home Based Business Licence (go to part 4)

PART 3 – GENERAL BUSINESS LICENCES

Please provide the following information regarding your proposed business:

(a) Business activity or activities

(b) Number of employees

(c) Location of business activity or activities

(d) Customer/Client parking requirements and the parking plan.

**NOTE: If your business includes the construction (or modification) of a building or the development of land, you must also submit a Development Permit Application.**

As part of the application you must also submit the following documentation:

- ☐ Business floor plan with accurate measurements in meters.
- ☐ Letter from the Government of Newfoundland and Labrador approving or exempting your business concerning Fire/Life Safety and Building Accessibility.

**PART 4 – HOME BASED BUSINESS LICENCES**

Please provide the following information regarding your proposed business:

(a) Business activity or activities

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(b) Location of business (Civic Address)

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(c) Number of employees

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(d) Advertisement strategy

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(e) Business storage facilities

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(f) Anticipated number of customers/clients per week

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(g) Customer/Client parking requirements and the parking plan.

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(h) Percentage of total floor area of the home devoted to the business.

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As part of the application you must also submit the following documentation:

- Letter from the Government of Newfoundland and Labrador approving or exempting your business concerning Fire/Life Safety and Building Accessibility.

**PART 5 – DECLARATION OF APPLICANT**

I hereby declare that the information contained in this application and the attached schedules, plans, designs, and other documents is true and accurate to the best of my knowledge. I further declare that the licence I may be issued will be executed in accordance with all applicable municipal and provincial regulations. I further give permission for the Town of Bishop’s Falls to enter my property upon giving appropriate notice to conduct an inspection to verify the information submitted through this application.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

For Office Use Only			
Date Application Received:	Received By:	Area Zoned As:	Licence Number:
Staff Review			
___ Permit/Licence Approved    ___ Permit/Licence Denied    ___ Application Referred to Council			
Staff Comments:			
Council Review (if applicable)			
Standing Committee Number:	Public Meeting Number:	Motion Number:	Decision:
Permit/Licence Conditions:			
Signature of Town Clerk or Town Clerk Designate		Date	