

TOWN OF MAPLE CREEK

P.O Box 428 | 205 Jasper Street
 Maple Creek, SK S0N 1N0
 Phone: (306) 662-2244 | Fax (306) 662-4131
 PLEASE PRINT



Business License Application Form

Office Use Only:	Meets Zoning Bylaw Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Business License Number:
Discretionary Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Zone District: Fee as per Schedule B:	Receipt Number:
Application Type: <i>Please check what is applicable</i>	<input type="checkbox"/> Local Business <input type="checkbox"/> Store-Front Business	<input type="checkbox"/> Change of Location
	<input type="checkbox"/> Non-Local <input type="checkbox"/> Direct Seller	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Year <input type="checkbox"/> Season (6 month period)	<input type="checkbox"/> Day
	Start: End:	Date:

Applicant's Name: _____

Name under which the business will Operate: _____

1. Will you require signage? _____ if so, please refer to Section 4.5 of Zoning Bylaw.
2. What is the anticipated traffic flow for your intended use? _____
3. Does your property have the appropriate parking requirements, that considers the number of vehicles and loading requirements needed? _____
4. What is the expected number of daily visitors/customers? _____
5. Will the business create noise, vibration, smoke, dust, odours, heat, glare, electrical, television or radio interference detectable beyond the boundaries of the building? Yes No
 If yes, please provide details:

6. Is this a Homebased business? Yes No *If yes, please answer the following:*
 - a. Are there any other home businesses at this address? Yes No
 - b. Will the home business use more than 25% of the gross floor area? Yes No
 - c. Will there be any employees Yes No If yes, how many? _____
7. Please describe your business, including any goods or services to be provided as part of business:

8. What business activities will you perform on site and/or building(s)?

9. What materials and equipment will be kept at the business location? Please describe:

Business Physical Address: _____

Please indicate if you are the: **Owner** **Tenant** **of the property**

If you do not own the property, have you provided a letter of consent from the property owner or property manager? *(This application will not be accepted if letter is not provided)* Yes
 No

Applicants Mailing Address: _____

Phone Number *Fax Number* *Cell Number* *Email Address*

Please Initial
 ___ Licenses are valid for one (1) calendar year, expiring on December 31 of each year, unless otherwise noted
 ___ Cancellation of your license or closing of your business requires written notification within ten days of closing
 ___ I have read and understand Zoning Bylaw NO 2010-MC-02 Section 4.4.3. Home-Based regulations

Documents Check: **Property Owner's Consent** **Applicable Required Documents**

I hereby certify that the information contained in this application is complete and true and I agree to commence business operations only after payment of the applicable license fee is made to the Town of Maple Creek and a license has been approved by the authority having jurisdiction. Once a business license has been issued, I agree to abide by the regulations set out in the *Business Licensing Bylaw NO. 2021-MC-13 as well as the Maple Creek Zoning Bylaw NO. 2010-MC-02.*

Dated at the Town of Maple Creek, in the Province of Saskatchewan on:

 Signature of Applicant

 Signature of Admin Staff

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TOWN OF MAPLE CREEK DIRECTORY LISTING

Local businesses obtaining a Business License will be represented on the Town of Maple Creek's Business Directory located on the Town's website at www.maplecreek.ca to help promote and advertise each business, simply by filling out the information below:

Business name: _____

Business Address: _____

Phone 1: _____ **Phone 2:** _____

Cellular: _____ **Fax Number:** _____

Business Hours: _____

Contact Name(s): _____

Existing Web Site Address(es) to be linked to: _____

(Social media, Facebook, Linked in, Instagram, etc.)

Business Email: _____

POINT FORM DESCRIPTION – Max. 10 points (Example: Products/Services Offered)

1.
2.
3.
4.
5.
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10.