

# TOWN OF MAPLE CREEK

P.O Box 428 | 205 JASPER STREET

MAPLE CREEK, SK S0N 1N0

PHONE: (306) 662-2244 | FAX (306) 662-4131



<b>Business License Application Form</b>			
<b>Office Use Only:</b>  <b>Discretionary Use:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Meets Zoning Bylaw Requirements:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Zone District:</b> <b>Fee as per Schedule A:</b>	<b>Business License Number:</b>  <b>Receipt Number:</b>	
<b>Application Type:</b>  <i>Please check what is applicable</i>	<input type="checkbox"/> New Local Business <input type="checkbox"/> Non-Resident  <input type="checkbox"/> Year	<input type="checkbox"/> New Home-Based Business <input type="checkbox"/> Renewal  <input type="checkbox"/> Season <b>Start:</b>	<input type="checkbox"/> New Home-Occupation Business <input type="checkbox"/> Change of Location  <input type="checkbox"/> Day <b>Date:</b>
<b>Name under which the business will Operate:</b> _____			
1. Please describe your business, including any goods or services to be provided as part of business: _____ _____			
2. What business activities will you perform on site and/or building(s)? _____ _____			
3. What materials and equipment will be kept at the business location? Please describe: _____ _____			
<b>Business Physical Address:</b> _____			
<b>Please indicate if you are the:</b> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> of the property			
<b>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)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Applicants Mailing Address:</b> _____			
<i>Phone Number</i>	<i>Fax Number</i>	<i>Cell Number</i>	<i>Email Address</i>
<b>Please Initial</b> ___ Licenses are valid for one (1) calendar year, expiring on December 31 of each year, unless otherwise noted ___ Cancellation or closing of your license 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			
<b>Documents Check:</b> <input type="checkbox"/> Property Owner's Consent <input type="checkbox"/> 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 <i>Business Licensing Bylaw NO. 2006-MC-15 as well as the Maple Creek Zoning Bylaw NO. 2010-MC-02.</i> Dated at the Town of Maple Creek, in the Province of Saskatchewan this _____ day of _____, 2021			
_____ Signature of Applicant		_____ Signature of Admin Staff	

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## TOWN OF MAPLE CREEK DIRECTORY LISTING

Each business that obtains 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](http://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)

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