**2021 Business License Application**

*Bylaw No. 11-2014*

**Date of Application**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Type:** **Business** **License Fee Enclosed**

 New Business License $30.00 (Business, Daycare Home, Direct Sales Contractor)

 Renewal $20.00 (Direct Seller, Home Based Business)

**Business Type:**

 Business Direct Sales Contractor Home Based Business

 Daycare Home Direct Seller

**Business:** is a commercial, merchandising or industrial activity or undertaking. The carrying on of a profession, trade, occupation, calling or employment or an activity providing goods or service.

**Day Care Home:** is a building in which non-parental residential care and supervision of children is carried out at the request of the parents or guardian.

**Direct Sales Contractor:** is a vendor who is licensed with the Province under *The Direct Sellers Act* and who sells, offers for sale or solicits orders for constructing, altering, renovating, maintaining, repairing, adding to or improving a building that is used or is to be used as a house by the owner, occupier or person in control of it.

**Direct Seller:** is a person who is licensed with the Province under *The Direct Sellers Act* and who goes from house to house selling or offering for sale or soliciting orders for the future delivery of goods or service; or by telephone offers for sale or solicits orders for the future delivery of goods or services.

**Home Based Business:** is an occupation carried on by the occupants of a farmyard or residence accessory to a permitted use.

**Business Information:**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Land Location and/or Street Address) (Post Office Box #) (Town/Village) (Postal Code)*

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PST #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entity #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Employees (including self): Full Time \_\_\_\_\_\_ Part Time \_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Description:**

(Please give a brief description of the primary function of your business)

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**This is an application only.** If your application is approved, you will receive confirmation by mail. Your application is not approved until you receive your license from the RM of Torch River. You may be required to apply for additional permits or site inspections before your license is issued.The business or premises occupied by the business must comply with all zoning, building, plumbing, and other requirements of the Municipality.

**Zoning and Building Standards:** A license will not be issued under this Bylaw for any business or any premises occupied by the business which does not conform to any zoning, building, plumbing and other requirements of the Municipality. The issuing of a license to a person does not relieve that person of the responsibility of conforming with any zoning, building, plumbing and other requirements of the Municipality. No person to whom a license is granted shall conduct the business so licensed on any road, street or other public place without first having obtained the authorization to do so pursuant to a resolution of Council and as may be required pursuant to any Bylaw.

**Term of License:** abusiness license expires the 31st day of December of the year issued.

**Renewal of Business License:** a person must renew their license annually.

**Discontinuance or Change:** a person must notify the Municipality if a business is discontinued or if there is any changes to the business such as size or nature of business. If a business is sold or discontinued, you must notify the RM of Torch River. Business Licenses are not transferrable.

**Acknowledgment of Responsibility**

* I am aware that a business license is non-transferable for ownership, use or location change without reapplication for the change of information.
* I am aware that the RM of Torch River must be notified if a business is discontinued in order to avoid renewal fees for the following year.
* I agree to operate my business as required under the Bylaw No. 11-2014, a Bylaw to classify, license, and regulate business activity within the RM of Torch River No. 488.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OFFICE USE |

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspections Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Business License Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_