



**VILLAGE OF ASHCROFT  
BUSINESS LICENCE APPLICATION**

**1. APPLICATION**

- NEW** Business Licence Application
  
- CHANGE** of existing Business Licence
  - Location
  - Name
  - Ownership
  - Type

**2. GENERAL INFORMATION**

(a) Business Name and Address

Business Name: \_\_\_\_\_  
Business Location Address: \_\_\_\_\_  
Business Mailing Address, if different: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_

(b) Owners Information

Name of Business Owner: \_\_\_\_\_  
Address of Business Owner: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Alternate Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

(c) Agent or Manager Information

*[Business Agent or Manager contact information, if different from above]*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Alternate Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

(d) Business Information

Is this a Home Based business? Yes  No

Description of Business Activity:

\_\_\_\_\_  
\_\_\_\_\_

Number of persons working in the business:    Owner(s): \_\_\_\_\_    Employee(s): \_\_\_\_\_

(e) Business Licence Changes

The Business Licence is being changed as follows:

- New Location of Business Premises: \_\_\_\_\_
- New Business Name: \_\_\_\_\_
- New Type of Business: \_\_\_\_\_
- New Terms or Conditions of Business Licence: \_\_\_\_\_

**3. Home Based Business**

Home Based Business must comply with the following regulations:

1. No outdoor storage of material associated with the home based business is permitted.
2. No more than one (1) Identification Sign for home occupations is permitted with a maximum size of 1.0 m<sup>2</sup> in an R1 and RR1 zone.
3. The home occupation shall be carried out wholly within a dwelling or permitted accessory building.
4. No retail sales other than the sale of goods produced on the premises is permitted.
5. A home based business may not include the following in an R1 Zone:
  - a. Stables, kennels or animal breeding operations
  - b. Restaurants
  - c. Parking or storage of commercial, industrial or construction equipment and material
  - d. Vehicle or equipment repair and maintenance
  - e. Metal fabricating
  - f. Heavy/Light manufacturing

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**OFFICE USE ONLY**

Business Classification	_____	Copy to Building Inspector	_____
Present Zoning	_____	Building inspection completed	_____
OCP Designation	_____	Fire safety inspection completed	_____
No. of off-street parking spaces required	_____	No. of off-street parking spaces provided	_____
Is proposed use permitted?	_____	Change in Occupancy?	_____
New Construction?	_____	Approved by Health Authority?	_____
Copy to CFO (Utilities)	_____	Receipt No.	_____
<b>Yearly Fee</b>	_____	<b>Business Licence No.</b>	_____

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

CAO \_\_\_\_\_

CFO \_\_\_\_\_

BEO \_\_\_\_\_

Signature: \_\_\_\_\_