

SCHEDULE "B" - APPLICATION FOR BUSINESS LICENCE

Date of Application: _____ Licence No. _____

BUSINESS TRADE NAME: _____

Civic Address: _____

Business Mailing Address: _____

Postal Code: _____

Phone Number: _____ Fax Number: _____

APPLICANT NAME: _____

Mailing Address: Same as Above _____ or: _____

Postal Code: _____

Phone Number: Same as Above _____ or: _____ Fax Number: _____

Form of Ownership: Proprietorship _____ Partnership _____ Corporation _____

Business to be in: New Building _____ or Existing Building _____

Is any construction or renovation required? Yes _____ No _____

Previous Use/Business operated at this address: _____

Type of Business to be Conducted: _____

Professional/Trade Qualifications: _____

Do you have a Direct Sellers Licence? No _____ Yes _____ Number _____

Proposed Opening Date: _____

IS THIS A HOME BASED BUSINESS? Yes _____ No _____

Are you installing a sign? Yes _____ No _____

PLEASE COMPLETE THE FOLLOWING:

1. Total Business Floor Area _____ 2. Rental Units _____

3. Total Persons Employed _____ 4. Parking Spaces _____

I, _____ hereby make application for a licence in accordance with the particulars as above stated and declare the above statement is true and correct and I undertake that if I am granted the licence applied for I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the Village of Ashcroft. I further understand that if this application involves the use of premises for business purposes that they may be occupied until they have been approved by the Village Departments concerned and a licence issued. I also understand that the payment of the Business Licence fee in advance does not guarantee approval.

Applicant's Signature

Licence Inspector Approval

THE INFORMATION MAY BE DEEMED A PUBLIC RECORD UNDER THE 'FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT' LEGISLATION.