



Town of Dundurn
 P.O. Box 185
 Dundurn SK S0K 1K0
 Telephone: 306-492-2202
 Fax No.: 306-492-2360
 Email: info@townofdundurn.ca

BUSINESS LICENSE APPLICATION

The information gathered on this form is collected under the authority of *The Municipalities Act* and the Business License Bylaw, and may be released to other parties upon request. No person shall carry on any business based in the Town without a license. If you have a business as defined under the *Saskatchewan Municipalities Act* this application must be made to the Municipality.

Name of Business:		
Business Street Address:		
Business Mailing Address:		Postal Code:
Business Phone:	Business Fax:	Business Email:
Type of Business: If residential (Home Based), provide a complete description of what you intend to do, including specifically, where you will be conducting the business and approximately how much square footage the business will occupy and the hours of operation.		
Trades Qualification Number (if applicable):		
Type of License: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Update		<input type="checkbox"/> Inter-municipal (if applicable)
Commercial: <input type="checkbox"/> YES <input type="checkbox"/> NO	Square Footage of area:	
Approximate Number of Employees:	If restaurant/café/pub: Number of Seats: Liquor License Occupancy #:	
Residential: <input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency Phone Number:	
Owner/Manager Contact Information:		
Address:	Postal Code:	Phone Number:
I agree that I will comply with all applicable bylaws, statutes and regulations relating to this application.		
Owner/Manager's Name (PRINT)	Signature	Date
_____	_____	_____

OFFICE USE ONLY

Planning Department		
What is the current zoning of the place of business?		
Is the business a permitted use under the zoning bylaws?	Yes	No
Comments:		
Date (YYYY/MM/DD)	_____ Signature of Planner	

Building Department		
Does the building meet requirements for this type of business?	Yes	No
Do you recommend inspection by the Public Health Inspector?	Yes	No
Comments:		
Date (YYYY/MM/DD)	_____ Signature of Building Inspector	

Referrals		
Public Health Inspector	Yes	No
RCMP	Yes	No