

TOWN OF MAPLE CREEK

P.O Box 428 | 205 Jasper Street
 Maple Creek, SK S0N 1N0
 Phone: (306) 662-2244 | Fax (306) 662-4131
 PLEASE PRINT



| Business License Application Form | | | |
|---|---|--|--|
| Office Use Only: Discretionary Use: <input type="checkbox"/> Yes <input type="checkbox"/> No | Meets Zoning Bylaw Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No Zone District: Fee as per Schedule B: | Business License Number: Receipt Number: | |
| Application Type: <i>Please check what is applicable</i> | <input type="checkbox"/> Local Business <input type="checkbox"/> Non-Local <input type="checkbox"/> Year | <input type="checkbox"/> Store-Front Business <input type="checkbox"/> Direct Seller <input type="checkbox"/> Season (6 month period) Start: _____ End: _____ | <input type="checkbox"/> Change of Location <input type="checkbox"/> Renewal <input type="checkbox"/> Day Date: _____ |
| Applicant's Name: _____ Name under which the business operates: _____ 1. Will you require signage? _____ <i>if so, please refer to Section 4.5 of Zoning Bylaw.</i> 2. What is the anticipated traffic flow for your intended use? _____ 3. Does your property have the appropriate parking requirements, that considers the number of vehicles and loading requirements needed? _____ 4. What is the expected number of daily visitors/customers? _____ 5. Will the business create noise, vibration, smoke, dust, odours, heat, glare, electrical, television or radio interference detectable beyond the boundaries of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____ 6. Is this a Homebased business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the following:</i> a. Are there any other home businesses at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Will the home business use more than 25% of the gross floor area? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Will there be any employees <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many?</i> _____ 7. Please describe your business, including any goods or services to be provided as part of business: _____ 8. What business activities will you perform on site and/or building(s)? _____ 9. What materials and equipment will be kept at the business location? Please describe: _____ | | | |
| Business Physical Address: _____ | | | |
| Please indicate if you are the: Owner <input type="checkbox"/> Tenant <input type="checkbox"/> of the property | | | |
| 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) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applicants Mailing Address: _____ | | | |
| <i>Phone Number</i> | <i>Fax Number</i> | <i>Cell Number</i> | <i>Email Address</i> |
| Please Initial ___ Licenses are valid for one (1) calendar year, expiring on December 31 of each year, unless otherwise noted ___ Cancellation of your license or closing of your business 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 | | | |
| Documents Check: <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. 2021-MC-13 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 on: | | | |
| _____ Signature of Applicant | | _____ Signature of Admin Staff | |

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TOWN OF MAPLE CREEK DIRECTORY LISTING

Local businesses obtaining 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 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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