



# Business License Application Form

**CHOOSE ONE:** HOME BASED BUSINESS  STORE FRONT  CONTRACTOR  TT/DS  (transient trader/direct seller)

Annual License Fee: \$100 - TT/DS: \$75 - Special Contractor: \$350 (for duration of project & covers all subtrades)

Fee Schedule: Existing Business: Full amount (\$100) --- New Businesses: Jan. 1 – Aug. 31: \$100; Sept. 1 – Dec. 31: \$50

## OWNER INFORMATION:

(APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT)

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION:

New:  Renewal:

Operating Name of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business phone: \_\_\_\_\_

Civic Address of Business: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### MUST BE COMPLETED BY ALL APPLICANTS:

I/We authorize the business contact information and email address to be posted on the City of Warman website and in the Guide to Warman. YES  NO

**Please initial the following statement:** The issuing of a license to a person by the City of Warman does not relieve that person of the responsibility to obtain any federal/provincial license that may be required by law, and any federal/provincial laws must also be followed. (initial) \_\_\_\_\_

**FOR OFFICE USE** - Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

City Representative: \_\_\_\_\_ Business License #: \_\_\_\_\_

I hereby agree to comply with Building Bylaw 2008-23 and Zoning Bylaw 2018-06 of the City of Warman and acknowledge that it is my responsibility to ensure compliance with these and any other applicable bylaws, provincial acts and regulations regardless of any plan review or inspection that may or may not be carried out by the City of Warman or its' authorized representatives. I agree to conduct my business in accordance and compliance with the information and plans provided by me in this application and will obtain all other work permits required in conjunction with my developments. I hereby declare that the above information is true and correct.

**\*Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

RETURN TO: CITY OF WARMAN, PLANNING DEPARTMENT – BOX 340, WARMAN SK S0K 4S0  
Phone: (306) 933.2133 Fax: (306) 933.1987 Website: www.warman.ca