



Business License Application Form

GENERAL BUSINESS INFORMATION (complete all lines LEGIBLY)

CHOOSE ONE:

STORE FRONT CONTRACTOR TT/DS (transient trader/direct seller)

Applicant Name: _____ New Business Renewal

Physical Address of Business: _____

Business Mailing Address: _____ City: _____ Postal Code: _____

Business Phone: _____ Fax: _____

Business Email: _____

DESCRIPTION OF BUSINESS (complete all lines LEGIBLY)

Operating Name of Business: _____

Description of Business: _____

Civic Address of Business: _____ City: _____ Postal Code: _____

Number of Employees: _____ Business Start Date: _____

OWNER INFORMATION (complete all lines LEGIBLY)

Owner Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

MUST BE COMPLETED BY APPLICANT:

I/We authorize the contact information, email, and website address of the above business to be posted on the City of Warman website and in the Guide to Warman. Yes No

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) _____ Sign up to receive news, updates and special offers from the City of Warman.

FOR OFFICE USE:

Date Received: _____ Annual License Fee \$100 Rcpt #: _____

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

Business License #: _____ City Representative: _____

I hereby agree to comply with Building Bylaw 95-01, Business Bylaw 2008-23, and Zoning Bylaw 2006-11 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 inspections that may or may not be carried out by the City of Warman or its authorized representative. 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