



HOME OCCUPATION APPLICATION

DEVELOPMENT PERMIT AND BUSINESS LICENCE FORM

OFFICE USE ONLY	Date Received _____
	HOA# _____

CONTACT INFORMATION	Business name and/or Corporate name:				
	Civic address:		Business owner/contact name:		
	Mailing address:		City/Town:	Province:	Postal code:
	Phone number: ()		Email:		
	Website:			Preferred method of correspondence: MAIL or EMAIL	

BUSINESS DESCRIPTION	Detailed description of proposed business activities to be performed on site:	
	Where will your business be conducted and how much floor area will be used?	
	In your home: _____ ft ² <input type="checkbox"/> m ² <input type="checkbox"/>	
	In your garage or accessory building: _____ ft ² <input type="checkbox"/> m ² <input type="checkbox"/>	
	List any equipment or supplies used and identify where they will be stored:	
	Do you have any employees or business partners who do not live at your home? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, how many? _____		
Of those employees or business partners, how many will work at your home? _____		
Where will employees park? _____		
Do you expect to have clients coming to your home? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, approximately how many per day? _____ How many at one time? _____		
Where will clients park? _____		

BUSINESS DESCRIPTION	Will goods or materials related to the business operation be delivered to or from your home? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what will be delivered and how often? _____
	Do you have a vehicle(s) associated with your business? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, describe the size and type of vehicle(s) _____ Where will the business vehicle(s) park? _____
	Will you have a sign located on your property advertising the business? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, describe the sign location and dimensions _____
	Describe any exterior or interior alterations/renovations that will be made in connection with the proposed home occupation.

Do you reside at the business address? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you the registered owner of the property? YES <input type="checkbox"/> NO <input type="checkbox"/>

BUSINESS DIRECTORY CONSENT

The Town of Wadena's website features a business directory. I authorize the contact information of the above business to be posted on the Town of Wadena website. YES <input type="checkbox"/> NO <input type="checkbox"/>

DECLARATION OF APPLICANT

I hereby certify that the information contained in this application is complete and true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of *The Canada Evidence Act*.

Date

Signature of Applicant

OFFICE USE ONLY		
Discretionary use approval received by Council: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Meeting date:		Resolution #:
Business Licence #:	Licence Fee: \$	Receipt #:
Issued by:		Date issued:
Comments:		