



COMMERCIAL BUSINESS LICENCE APPLICATION FORM

OFFICE USE ONLY	Date Received _____
	Application # _____

BUSINESS INFORMATION	Business name and/or Corporate name:				
	Civic address of business:		Legal description:		
			Lot:	Block:	Plan:
	Business mailing address:		City/Town:	Province:	Postal code:
	Business phone number: ()		Email:		
	Website:		Preferred method of correspondence: MAIL or EMAIL		

BUSINESS OWNER INFORMATION	Owner name and/or owner corporation name:				
	Owner mailing address:		City/Town:	Province:	Postal code:
	Phone number: ()		Business contact (if different than above):		

BUSINESS DESCRIPTION	Description of business activities/function:			

	What is the total amount of space within the building(s) used for business operations (such as offices, retail, storage, warehouse, etc.)		Main level: _____	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
			Upper levels: _____	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
			Basement: _____	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
	Total number of employees (including yourself)		Full-time: _____	
			Part-time: _____	
			Seasonal: _____	
	Will you have any outdoor storage? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	If yes, please describe: _____			

SITE / FLOOR PLAN	Please provide a site/floor plan of the building (draw in area below), indicating the portion of space you occupy or if you occupy the entire building.
	Describe any exterior or interior alterations/renovations that will be made in connection with the business.

BUSINESS DIRECTORY CONSENT	<p>The Town of Wadena's website features a business directory. I authorize the following information provided in this application to be posted on the Town of Wadena website:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Business name</td> <td><input type="checkbox"/> Phone number</td> </tr> <tr> <td><input type="checkbox"/> Business contact</td> <td><input type="checkbox"/> Email</td> </tr> <tr> <td><input type="checkbox"/> Street address</td> <td><input type="checkbox"/> Website</td> </tr> <tr> <td><input type="checkbox"/> Mailing address</td> <td><input type="checkbox"/> Hours/days of operation: _____</td> </tr> </table>	<input type="checkbox"/> Business name	<input type="checkbox"/> Phone number	<input type="checkbox"/> Business contact	<input type="checkbox"/> Email	<input type="checkbox"/> Street address	<input type="checkbox"/> Website	<input type="checkbox"/> Mailing address	<input type="checkbox"/> Hours/days of operation: _____
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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			
Zoning designation:		Proposed use:	
Business licence #:	Licence fee: \$ 0.00	Receipt #: n/a	
Issued by:		Date issued:	
Comments:			