



Town of Wadena
Community & Economic Development
PO Box 730, Wadena, SK S0A 4J0
306.338.2145 | wadenapermits@sasktel.net
www.townofwadena.com

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.
BUSINESS DIRECTORY CONSENT	Describe any exterior or interior alterations/renovations that will be made in connection with the business.

BUSINESS DIRECTORY CONSENT	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:	
	<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: _____

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:		