

Municipal Corporation of the Village of Fort Simpson  
BYLAW NO. 2015-001

**SCHEDULE "A"**  
**Business License Application Form**

Date of Application	New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Please include Previous Business License Number: _____
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Name of Applicant	Name of Business	
Business Physical Address	Business Legal Address	Mailing Address
	Lot: _____ Plan: _____	
Telephone Number	Fax Number/ E-mail	Zoning

<b>Type of Business: RESIDENT</b>  <input type="checkbox"/> Commercial                      \$100.00 <input type="checkbox"/> Home Occupation                  \$125.00 • Plus \$100 one time Development Fee <input type="checkbox"/> Student                                 \$1.00 <input type="checkbox"/> Seasonal Tourist                     \$50.00 <input type="checkbox"/> Charitable Organization            No Charge <input type="checkbox"/> Canvasser/Hawker/Peddler        \$250.00  <input type="checkbox"/> License Amendment \$25.00	<b>Type of Business: NON-RESIDENT</b>  <input type="checkbox"/> Commercial                         \$250.00 <input type="checkbox"/> Seasonal Tourist                     \$250.00 <input type="checkbox"/> Canvasser/Hawker/Peddler        \$250.00  <input type="checkbox"/> Late Fee (If renewal received after Feb 15) \$25.00
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Particulars of Occupation, Trade, Calling or Business to which this application will apply: PLEASE INDICATE ALL AREAS OF OPERATION		
Date of Commencement (If New or Non-Resident)	Date of Termination (If Non-Resident)	Number of Employees Full Time _____ Part Time _____

I, \_\_\_\_\_, hereby make application for a license in accordance with the particulars as above stated and certify that the number of persons employed in the said business will be \_\_\_\_\_ (or \_\_\_\_\_ person-years), and that the necessary verification has been received in accordance with the provisions of the Worker's Compensation Act. Worker's Compensation Account #: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
On Behalf of (Name of Business)

Licenses are not transferable. Separate application forms shall be submitted for each class or place of business for which a license is required.

Fee: \$ \_\_\_\_\_

License Approved: \_\_\_\_\_  
Signature of SAO or Development Officer

\_\_\_\_\_  
Date