

APPLICATION FOR BUSINESS LICENCE

Name of Business: _____

Name of Applicant: _____

Description of Business or Service: _____

Mailing Address: _____

Street Address: _____

Telephone: _____ Cell: _____

Email: _____

Is this Business being Operated from a Residence in Clyde?

___ NO Proceed to Next Section

___ Yes Has a Development Permit been issued for this home occupation?

No: Please apply for a Development Permit. Your Business Licence will be issued once the permit is valid.

Yes: Permit Number _____

Has the Development Permit been renewed this calendar year?

No: Please renew prior to issuance of Business Licence

Yes: Proceed to Next Section

If Operating as a Hawker/Peddler, what is the duration of the Licence you are seeking?

_____ 1 Day _____ 1 Week _____ 1 Year

Are you a resident of the Village of Clyde? _____

Provincial Licence# _____

The above information is true and correct, to the best of my knowledge

Signed _____ Date: _____

Office Use Only

Licence # _____ Fee \$ _____ C/R _____ Initials _____

The information on this form is being collected for the purpose of a municipal operation or activity under the authority of the Freedom of Information and Protection of Privacy Act, section 32 (c)