



I/we hereby apply for:

LICENCE #: \_\_\_\_\_

NEW LICENCE \_\_\_\_\_ CHANGE OF ADDRESS \_\_\_\_\_ CHANGE OF OWNER \_\_\_\_\_ CHANGE OF TRADE NAME \_\_\_\_\_  
CHANGE OF DESCRIPTION \_\_\_\_\_

**FILL OUT IN FULL – DO NOT WRITE “SAME AS” OR “AS ABOVE”**

**CONTACT INFORMATION:** (Please Print Clearly)

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BUSINESS DATA:**

NAME OF BUSINESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_  
Doing Business As

BUSINESS ADDRESS: \_\_\_\_\_  
Address City/Province Postal Code

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
(if different) Address City/Province Postal Code

**OWNER INFORMATION** Incorporated companies to provide copy of Certificate of Incorporation

OWNER'S NAME/S: \_\_\_\_\_ OWNER'S PHONE: \_\_\_\_\_  
(Incorporated Company Name (ie: Ltd or Inc) OR Proprietors Name)

OWNER'S ADDRESS: \_\_\_\_\_  
Address City/Province Postal Code

TRADE QUALIFICATION # (if applicable) \_\_\_\_\_ NON PROFIT BN# (if applicable) \_\_\_\_\_

DESCRIBE NATURE OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

**HOME OCCUPATION USE ONLY:**

I have read the provisions pertaining to the regulations of home occupations and understand same INITIAL: \_\_\_\_\_

Home Occupation - Number of Employees (if applicable): FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

Home Occupation - Number of Employees: WHO RESIDE IN MISSION: \_\_\_\_\_

Home Occupation - Square feet of floor area used by your business: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY:**

ZONING: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ R \_\_\_\_\_ N/R \_\_\_\_\_ H \_\_\_\_\_

OCP DESIGNATION (for home occupations only) \_\_\_\_\_ Rural \_\_\_\_\_ Suburban \_\_\_\_\_ Rural Residential \_\_\_\_\_ Urban

LICENCE FEE: **\$148.00** COLLECTED AT TIME OF APPLICATION: YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

APPROVAL GRANTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Licence Inspector

**RESTRICTIONS (TEXT):** \_\_\_\_\_

BLDG \_\_\_\_\_ RCMP \_\_\_\_\_ INC CERT \_\_\_\_\_ HEALTH DEPT \_\_\_\_\_ FIRE DEPT \_\_\_\_\_ ENVIRO \_\_\_\_\_ MAILED \_\_\_\_\_ GIVEN APPL \_\_\_\_\_

**OFFICE USE ONLY**

**Supportive Recovery Homes See LIC.20**

**PLANNING DEPARTMENT COMMENTS:**

APPROVED BY:

DATE:


**BUILDING DEPARTMENT COMMENTS:**

APPROVED BY:

DATE:


**FIRE DEPARTMENT COMMENTS**

APPROVED BY:

DATE:


**HEALTH DEPARTMENT COMMENTS:**

APPROVED BY:

DATE:


**RCMP COMMENTS:**

APPROVED BY:

DATE:
