

Business Ownership Type:

Co-operative Corporation (closely held) Corporation (public) Partnership Sole Proprietorship

*PST #: _____ *ISC Entity #: _____ *
*AT LEAST ONE OF THE NUMBERS IS REQUIRED

Number of Employees (Including self): Full Time _____ Part Time: _____

Business Use (Please check one)

Retail Personal Services Hotel/ Restaurant Wholesale/Distribution Agriculture
 Education Public Utilities Transportation Manufacturing/Processing
 Construction/ Contractor Finance/ Insurance/ Real Estate
 Other - Please specify: _____

Business Description (Please print clearly)

Please describe the **primary function** of the business: _____

Goods and Services Provided: _____

Please Note: This is an application only. Approval generally takes 7 -10 days. However, the process may take longer if other requirements are to be fulfilled.

Your application is not approved until you receive your license from the Town of Nipawin

You may be required to apply for additional permits or site inspections before your application may be approved.

- ❖ The *Business License Bylaw No. 691/14* requires all businesses to obtain a Business License before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application require that the Town of Nipawin be notified through new application for the license to be updated and considered valid.
- ❖ The Town of Nipawin license must be displayed prominently at the place of business.

Acknowledgement of Responsibility

Information on Policies and Bylaws can be found on the Town of Nipawin website @ www.nipawin.com

- I am aware that a business license is **non-transferable** for ownership, use or location change without reapplication for the change of information.
- I am aware that the Town of Nipawin **must be notified** if the business is discontinued in order to avoid renewal fees for the following year.
- I agree to operate my business as required under the *Business License Bylaw*.

Applicant Signature: _____ Date: _____

For Office Use Only:

Reviewed by: _____ **Date:** _____

Additional Permits/Inspections/ Licenses/Certifications required: _____

Approved by: _____ **Date:** _____