



Town of Dundurn

P.O. Box 185

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S0K 1K0

Email: info@townofdundurn.ca

Business License Application Form

Office Use Only:	Meets Zoning <input type="checkbox"/> Yes	Zone District: <input type="text"/>	Business License Fee:
	Bylaw Requirements: <input type="checkbox"/> No		<input type="text"/>
Application Type: Please check applicable:	<input type="checkbox"/> Store Front Business <input type="checkbox"/> Commercial Downtown <input type="checkbox"/> Home-based Business Type I <input type="checkbox"/> Type II <input type="checkbox"/> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Location <input type="checkbox"/> Out of Town limits Business		

Name under which the business will operate: _____

1. Please describe your business, including any goods or services to be provided as part of the business.

2. What business activities will you perform on the site and/or building(s)?

3. What materials and equipment will be kept at the business location? Please describe.

4. How many people are employed at this business?

Business Address: _____

Street # Street Name (Unit #) Town Province Postal Code Business Phone

Please indicate if you are the: Owner Tenant of the property

If you do not own the property at the above address, have you provided a letter of consent from the property owner or property manager? *This application will not be processed with a letter of consent.*

Yes

No

Application Status:

- Sole Proprietor
 Partnership
 Incorporation/Limited Company

Please print

Name of Applicant: _____

Mailing Address: _____

PO Box# Street Name Town/City Province Postal Code

Phone Number Fax Number Cell Number Email

Please initial:

____ Licenses are valid for one (1) calendar year, expiring on December 31 of each year.

____ Cancellation or closing of your license requires written notification within ten (10) days of closing.

____ I have read and understand Zoning Bylaw 2023-07 section 5.11 as it pertains to Home-Based Business regulations

Documents Check:

Property Owner Consent

I hereby certify that the information contained in the application is complete and true and I agree to abide by any applicable provincial/federal regulation in respect to the business. I agree to abide by the regulations set out in the Business Licensing Bylaw 2024-01 as well as the Town of Dundurn Zoning Bylaw 2023-07.

Dated at the Town of Dundurn in the Province of Saskatchewan this ____ day of _____, 20__.

Signature of Applicant

Signature of Licensing Staff

- 1. Payment must be made with this application.**
- 2. Business will be fined \$200 if they are in operation without a business license in accordance with Schedule B of the Town's Business Licensing Bylaw 2024-01.**