

HOME BASED BUSINESS PERMIT APPLICATION

DATE OF APPLICATION: _____ **FEE: \$50 (PAYABLE UPON APPLICATION)**

BUSINESS INFORMATION

Business Trading Name: _____

Corporation Name (if different than above): _____

Business Address: _____

(this must be a physical location address in the RM of Dundurn, PO Box are not valid)

Business Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Business Owner/Contact: _____

Have you previously held a RM of Dundurn Business Permit? No Yes, what year? _____

BUSINESS DESCRIPTION

(a) What industry type would classify your business under (e.g. residential construction)

(b) Please describe the primary functions of your business (e.g. finish carpentry, interior millwork, painting)

(c) List the number of employees working at your home and away from your home (be sure to include yourself)

	Full-time	Part-time	Seasonal
Working at your home			
Working away from your home			

(d) What will the days of operation be? Mon-Fri 7 days/week Part-time

(e) Do you reside at the business address? Yes No

If "no", where do you reside? _____

(f) Do you expect to have clients or customers coming to your residence? Yes No

If "yes" approx. how many per day? _____ How many at one time? _____

For what reason? _____

(g) Where will clients or customers park? _____

If applicable, where will employees park? _____

(h) List any other owner or partner(s) maintaining a separate business location (skip this if you are sole proprietor)

Additional Owners	Address	Phone

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STORAGE AND EQUIPMENT DETAILS

(a) List any equipment or supplies used and identify where it will be stored. (e.g. computer, tools, cleaning supplies, etc)

List Equipment/Supplies in the fields below:	Storage Location	
	Home(check box)	Off-site(provide address)
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

(b) Does your business require the use of vehicle(s)? Yes No

If Yes, what Type of Vehicle? (e.g. car, SUV, truck, etc)	Gross Weight (in kg)	Length (metres)	Where is it kept?

(c) Will materials or supplies be delivered to your home? Yes No

If yes, please describe how often and in what quantity? _____

DWELLING DETAILS

(a) What is the total floor area of your home (all levels)? _____

(b) Which room(s) will be use for the home-based business and what is the approximate floor area to be used?

List all room(s) used in your home for business purposes	Floor area used

(c) Describe any exterior or interior alterations/renovations that will be made in connection with the proposed home-based business. A building permit may be required alterations/renovations. Please contract the office for details on building permit regulations.

DECLARATION OF APPLICANT/OWNER

I hereby certify that all the above statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY:

Permit No.: _____ Approved by: _____ Date: _____

Comments: _____

Receipt No.: _____ Type 1 Type 2