



# TOWN OF ECKVILLE

## BUSINESS LICENSE APPLICATION

Date: \_\_\_\_\_ New      Transfer      Name Change      Renewal

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner: \_\_\_\_\_ Manager: \_\_\_\_\_

Is this a home occupation?      Yes      No      Is this a home office?      Yes      No

Street Address of Business: \_\_\_\_\_ Will sales people go door to door?      Yes      No

Brief description of business: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Provincial License No (if applicable): \_\_\_\_\_

**\*Important: Applicant may not proceed with the business or any construction to the business site until the business license has been approved and other necessary permits are obtained.**

\_\_\_\_\_  
Signature of Applicant

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### OFFICE USE ONLY

Business License Fee: \_\_\_\_\_ Development Permit Fee: \_\_\_\_\_

Legal Address:      Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Zoning: \_\_\_\_\_ Roll No. \_\_\_\_\_ License No.: \_\_\_\_\_

Approved by Land Use Bylaw: \_\_\_\_\_

Approved under Fire Regulations: \_\_\_\_\_

Approved under Health Regulations: \_\_\_\_\_

Special Conditions of Approval: \_\_\_\_\_

Date presented to M.P.C.: \_\_\_\_\_ Issue Date: \_\_\_\_\_

\_\_\_\_\_  
Business License Clerk