RURAL MUNICIPALITY OF ST. CLEMENTS

Licensing By-law 17-96

	Date
1	. MAILING ADDRESS
BUSINESS NAME	MAILING ADDRESS
hereby apply for a license under By-law 17-96 to	operate a
at	N OR CIVIC ADDRESS OF PROPERTY
during the calendar year	
•	SIGNATURE OF APPLICANT
Approved	Approved
PUBLIC HEALTH INSPECTOR	R.M. OF ST. CLEMENTS CLERK
Date Pmt. Rec'd Lice	ense issued thisday of
Receipt #	CAO
icense #	•

Application to be completed in trir ficate and forwarded to the Secretary-Treasurer, Rural Municipality of St. Clements, East Selkirk, Manitoba. When approved and license fee paid, one copy will be attached to the license and is to be displayed in a prominent place on the premises.

DPL D-1556 Rev. 10/06

RURAL MUNICIPALITY OF ST. CLEMENTS Licensing By-Law No. 17-96 APPLICATION

(A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We)				For Compa	any Use Only	
The name of the proposed business is to be set out in this space. If this is a corporate name, the whole and complete name must be recorded.) Business Mailling Address:				ROLL#_		· · ·
(The business meiling address must be complete and include, if applicable, street, building number, Town or City and Postal Code, or P.O. Box Number, Town or City and Postal Code.) Telephone: Type of Business Organization (Check one of the following) 1. Sole Proprietorship Home (Telephone number of owner, manager or 2. Partnership Contact person) 3. Corporation Fax: Office 4. Co-operative Email: Business Location: (A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We) (Full Name) of (residence, giving street, number and postal code)	Business Na	ame:	(The name of the proposed business is to b name, the whole and complete name must	e set out in th	ls space. If this is a corporate	
Telephone: Type of Business Organization	Business Ma	ailing A	ddress:			
Office (Include area code, telephone number and extension if applicable) 1. Sole Proprietorship Home (Telephone number of owner, manager or Contact person) 3. Corporation Fax: Office 4. Co-operative Email: Business Location: [A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We)			number, Town or City and Postal	ust be comple Code, or P.O	ete and include, if applicable, street, . Box Number, Town or City and Po	, building ostal
Office (Include area code, telephone number and extension if applicable) 1. Sole Proprietorship Home (Telephone number of owner, manager or Contact person) 3. Corporation Fax: Office 4. Co-operative Email: Business Location: (A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We) (Full Name) of (residence, giving street, number and postal code)	Telephone:			Тур	e of Business Organizat	ion
Home (Telephone number of owner, manager or Contact person) 2. Partnership		Office			(Check one of the following)	
Fax: Office 4. Co-operative Email: Business Location: (A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We) (Full Name) of (residence, giving street, number and postal code) I (We) (residence, giving street, number and postal code)	•		and extension is applicable)	1.	Sole Proprietorship	
Fax: Office 4. Co-operative Email: Business Location: (A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We) (Full Name) of (residence, giving street, number and postal code) I (We) (Full Name)		Home		2.	Partnership _	
Office 4. Co-operative Email: Business Location: (A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We) (Full Name) of (residence, giving street, number and postal code) I (We) (Full Name) of (residence, giving street, number and postal code)			Contact person)	3.	Corporation	
Business Location: (A post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We)	Fax:	Office	, MATTERIAL ST.	4.	Co-operative _	
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address exists for the business, insert the physical location of the business, legal property description and the postal address) Contact Person (s) I (We)	Business Lo	cation:				
I (We)			address exists for the business, insert the pl	address for t	he business address location. If no n of the business, legal property de	o civic escription
of (residence, giving street, number and postal code) I (We) (Full Name) of (residence, giving street, number and postal code)	Contact Pers	son (s)		•		
of (residence, giving street, number and postal code) I (We) (Full Name) of (residence, giving street, number and postal code)	l (We)					
(residence, giving street, number and postal code) (We)	, <u> </u>		(Full Name)			
Of(residence, giving street, number and postal code)	of		(residence, giving street, number	and postal co	de)	
Of (residence, giving street, number and postal code)	I (\A/a)		,		•	
(residence, giving street, number and postal code)	1 (VVC)	•	· (Full Name)		· · · · · · · · · · · · · · · · · · ·	
	of		(residence, alvina street, number	and postal co	de)	
Planning Recommendations:						
	Planning Reco	mṃenda	itions:			

OFFICE	JSE ONLY (to be filled out by R.M.)	
Roll Number:	Business Name:	
		The second secon
1.) Number of Employees:	(Please indicate if employees reside on premises)	
	(Please indicate if employees reside on premises)	
	•	
2.) Hours of Operation: to	(Days of week)	
•	(Days of week)	
3) Number of Business Velster A. Pt		
3.) Number of Business Vehicles On Site: _	(Indicate type of vehicle and where parked)	 -
4.) Describe Operations On Site: (Please Prov	ride Detail)	
		···
		
		······
5.) Describe Any Operations Off Site: (Please	Provide Detail)	
·	•	
		
		_
6.) Please Identify, and show on site plan: (U	tee back of page 45 panels d	
	se park of ballet it Heeded)	
a. Business Equipment On-Site:	t type, location)	
	ctype, location)	
b. Exterior Storage On-Site :	type of equip. stored, location)	
c. Business Sign(s): (Y/N, list	type of sign(s), location)	
d. Customer Parking On Site:	M. C. C. Midely, and analysis	
(Y/N, local	ation)	

PLEASE NOTE:
Applicants are encouraged to provide a site plan where appropriate.
Please note that permits may be required for change of use, new structures, building additions, alterations, and/or renovations.

Do Hereby Declare: That I (we) am (are) carrying (intend to carry) on business as: 1.

2.	That I (we) commend	That I (we) commenced business under the said name as of				
		day, of	, 20			
3.	That I (we) have satisfied myself (ourselves) that the proposed business has and shall comply with all By-Laws of the Municipality and all appropriate Federal and Provincial Legislation.					
obliga furthe Fede	ations under any other er understood and acce ral or Provincial Statue ded under By-law No. 1	Municipal By-Law epted that contrave s shall result in th 17-96.	ditions of this license do not involve or Federal or Provincial Statues. It is also ention of other Municipal By-Law, or e automatic cancellation of this license as			
	business.					
Dated	l at		_ in the Province of Manitoba, this			
····		day of	, 20			
Signature Signature		Position				
	Signature		Position			
	Signature		Position			