

RURAL MUNICIPALITY OF ST. CLEMENTS

Licensing By-law 17-96

Date

I,
BUSINESS NAME MAILING ADDRESS

hereby apply for a license under By-law 17-96 to operate a
BUSINESS

at
LEGAL DESCRIPTION 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

License issued this day of

Receipt #

.....
CAO

License #

Application to be completed in triplicate 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.

RURAL MUNICIPALITY OF ST. CLEMENTS

Licensing By-Law No. 17-96 APPLICATION

For Company Use Only

ROLL# _____

Business Name: _____

(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 Mailing Address: _____

(The business mailing 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: _____

Office (Include area code, telephone number and extension if applicable)

Home (Telephone number of owner, manager or contact person)

Fax: _____

Office

Type of Business Organization

(Check one of the following)

1. Sole Proprietorship _____
2. Partnership _____
3. Corporation _____
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)

Planning Recommendations: _____

OFFICE USE ONLY (to be filled out by R.M.)

Roll Number: _____

Business Name: _____

1.) Number of Employees: _____
(Please indicate if employees reside on premises)

2.) Hours of Operation: _____ to _____,
(Days of week)

3.) Number of Business Vehicles On Site: _____
(Indicate type of vehicle and where parked)

4.) Describe Operations On Site: (Please Provide Detail)

5.) Describe Any Operations Off Site: (Please Provide Detail)

6.) Please Identify, and show on site plan: (Use back of page, if needed)

a. Business Equipment On-Site: _____
(Y/N, list type, location)

b. Exterior Storage On-Site : _____
(Y/N, list type of equip. stored, location)

c. Business Sign(s): _____
(Y/N, list type of sign(s), location)

d. Customer Parking On Site: _____
(Y/N, location)

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.

2. 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.

It is further understood that the terms and conditions of this license do not involve obligations under any other Municipal By-Law or Federal or Provincial Statutes. It is also further understood and accepted that contravention of other Municipal By-Law, or Federal or Provincial Statutes shall result in the automatic cancellation of this license as provided under By-law No. 17-96.

4. That no other firm, person or corporation is associated with me (us) in the said business.

Dated at _____ in the Province of Manitoba, this _____ day of _____, 20_____.

Signature

Position

Signature

Position

Signature

Position