

BUSINESS LICENSE APPLICATION

(By-Law No. 17-96)



Business Name: _____

Business Owner Name: _____ Position: _____

Business Location (civic address): _____

Business Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Office Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Website: _____

Type of Business Organization (check applicable):

- Sole Proprietorship Partnership Corporation Co-operative

Secondary Contact:

Name: _____ Position: _____

Home Address (include civic and mailing address): _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Business Details:

Date of Commencement: _____

Describe Business Activities (please be as detailed as possible):



St. Clements

The place to be

Describe On Site Operations (if not specified in previous section):

Describe Off Site Operations (if any):

Number of Employees:

F/T: _____ P/T: _____

Hours of Operation:

Days of Week: _____ Time: _____ to _____

Number of Business Vehicles:

On Site: _____ Off Site: _____

Please identify and show the following information on site plan:

- Property Boundaries
- Parking & Access
- Building, Equipment & Storage Locations
- Signage Locations

Fees Schedule (collected once application is approved):

- Based within the Municipality - \$50.00
- Based outside the Municipality - \$200.00

Applicant Declaration:

I / We the undersigned hereby make application for a Business License in accordance with the information as stated, and further declare that the statements made are true and correct. I /We further undertake 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 Provincial or Federal Statutes. It is also further understood and accepted that contravention of other Municipal By-Law, or Provincial or Federal Statutes shall result in the automatic suspension or cancellation of this license as provided under By-Law No. 17-96.

All Business Licenses expire on December 31st of each year, unless stated otherwise, and must be renewed each year.

Signature: _____ **Date:** _____

Applications can be submitted by the following:

Mail: Box 2 Group 35 RR1
East Selkirk, MB R0E 0M0

Email: info@rmofstclements.com

Fax: 1-204-482-3098

In Person: 1043 Kittson Road, East Selkirk, MB
After hours drop slot located in the back entrance door on the South side of the building.

Additional Information (if required):

For Office Use Only

Required for Business Based within Municipality:

Received By: _____

Roll Number: _____

Date Received: _____

Zoning: _____

Legal Description: _____

Site Plan: Yes No

Comments: _____

