

<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> HOME BASED	<input type="checkbox"/> NON RESIDENT
<input type="checkbox"/> INTER-MUNICIPAL LICENCE (\$250)	<input type="checkbox"/> CHANGE OF BUSINESS NAME	<input type="checkbox"/> CHANGE OF LOCATION (\$50)
<input type="checkbox"/> CHANGE OF OWNER (\$50 COMMERCIAL)		

SECTION A TO BE COMPLETED BY ALL BUSINESS LICENCE APPLICANTS
BUSINESS INFORMATION NOTE: BUSINESS INFORMATION IS NOT CONSIDERED PERSONAL INFORMATION AND MAY BE RELEASED IN A PUBLIC DOCUMENT

BUSINESS NAME			
TYPE OF BUSINESS <small>WHAT SERVICE(S) ARE YOU PROVIDING?</small>			
PROPOSED START DATE OF BUSINESS			
BUSINESS OWNER NAME	LAST	FIRST	
BUSINESS LOCATION ADDRESS		CITY	POSTAL CODE
MAILING ADDRESS <small>(IF DIFFERENT FROM ABOVE)</small>		CITY	POSTAL CODE
CONTACT INFORMATION <small>(PHONE NUMBERS ARE RELEASED IN A PUBLIC DOCUMENT)</small>	CELL	WORK	
WEBSITE	EMAIL		
NUMBER OF EMPLOYEES INCLUDING BUSINESS OWNER(S)	**HOME BASED AND COMMERCIAL BUSINESSES: WOULD YOU LIKE YOUR BUSINESS TO BE INCLUDED IN OUR BUSINESS LICENCE DIRECTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FULL TIME	PART TIME		

CONTRACTORS: PLEASE PROVIDE APPLICABLE TRADE ACCREDITATION/LICENCE NUMBER:

ELECTRICAL LEL# _____ GAS LGA# _____ SECURITY B _____

PLUMBING TQ# _____ ISSUE DATE _____ TQ HOLDER NAME _____

SECTION B THIS SECTION MUST BE COMPLETED FOR ANY TYPE OF HOME BASED BUSINESS
HOME BASED BUSINESS NOTE: A HOME INSPECTION IS REQUIRED PRIOR TO ISSUANCE OF LICENCE TO ENSURE COMPLIANCE WITH ACCESSORY HOME OCCUPATION USE.

WHAT IS THE TOTAL GROSS FLOOR AREA OF THE HOME: _____ SQ FT OR _____ M2	HOW MUCH FLOOR SPACE WILL BE USED FOR THE BUSINESS: _____ SQ FT OR _____ M2
WILL YOU HAVE ANY GOODS OR EQUIPMENT STORED ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE ITEMS:	WILL YOU HAVE A VEHICLE(S) OVER 5500 KGS STORED ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:
	WILL YOU HAVE CLIENTS ON-SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE MAKING ANY CHANGES/RENOVATIONS TO THE HOME TO ACCOMMODATE THE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE: (PLEASE NOTE PERMITS MAY BE REQUIRED)	WILL YOU BE HOLDING GROUP SESSIONS AND/OR CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE TYPE: _____
	IF YOU ARE APPLYING FOR A DAYCARE LICENCE, HOW MANY CHILDREN WILL BE IN YOUR CARE: _____

