



HOME-BASED BUSINESS LICENSE APPLICATION

Name: _____ Date: _____
(First) (Last)

Street Address: _____ P.O. Box: _____ Town: _____

Postal Code: _____ Do you own or rent the property being proposed? : _____

If utilizing a rental property, a letter is required from property owner demonstrating that you have permission to do so.

Phone: _____ Are you over the age of 18? : _____

Email Address: _____

Name of Business: _____

Explain in detail what your business activities will be and/or what services your business offers to the community? *(Please specify on separate page if more space is required)*

Name & Addresses of Principles (President, Managers, etc.)

Number of persons to be employed: _____

Name, Addresses & Phone Numbers of 3 (Three) References:

All references must be of a professional nature.

Will your home-based business be clearly secondary to the main permitted residential use? yes/no

Business shall be clearly secondary.

Is there potential for activities associated with your business to create or become a public nuisance with regard to noise, traffic, parking or health and safety? yes/no

What building will your business be conducted from?

- a) Main building yes/no
- b) Accessory building yes/no

Will your Home based business occupy more than 25% of the combined gross floor area of the dwelling unit and any accessory building or structure used as part of the business, up to a maximum of 50m² (505.9ft²)? yes/no

Business workspace shall not exceed 25% of combined gross floor area up to a maximum of 50m² as per Zoning By-Law.

Will your home based business require any outdoor storage or outside waste? yes/no

If your business involves teaching or instruction, how many students will be accommodated at a time? 1 2 3 4 5

More than 5 pupils at a time are not permitted as per Zoning By-Law.

How many parking spaces will the business require for both patrons and employees?

1 2 3 4 5

Where will the spaces be located? driveway/street

What are the expected hours of the business? _____

Hours of business not permitted between 9 p.m. and 7 a.m. as per Zoning By-Law.

Will deliveries to the property be required for the business? yes/no

Will any advertising or signage be posted on the property? yes/no

Sign shall not exceed 0.5 metres squared or be illuminated. A free standing sign not more than 2m in height is permitted and must be set back at least 2m from street line as per Zoning By-Law.

Do you intend to provide any goods, products or merchandise for retail on the property? Or at another location? yes/no

If yes, please describe whether these will be produced on the premises, incidental and subordinate to the service provided by the home-based business.

Are you aware of any licenses and/or certificates required to legally operate your business? If so, please indicate from which authority i.e. Northwestern Health Unit and enclose with this application.

Including the business proposed, how many home-based businesses will be conducted from the property? _____

No more than two businesses are permitted on property as per Zoning By-Law.

I, the applicant certify that all information provided above is correct and understand that any false or misleading statements may cause my licence to be suspended or revoked.

Signature of Applicant: _____

*****NOTE: Please allow a minimum of 48 hours from receipt of completed application for processing*****

MUNICIPAL USE ONLY

Type of Inspections to be completed: _____

Inspections completed: _____

Expiration of the License	
Valid From: _____	Expires On: _____
This License is valid for _____ only.	
(Location)	

Approved By: _____

Date Approved: _____

Fee Received: \$ _____

Receipt No: _____

License No: _____

Municipal Cashier: _____

Applications are approved in accordance with The Licensing By-Law as amended and in accordance with the Municipal Act, 2001, S.O. 2001, Chapter 25.

Personal information on the form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990 Chapter M.56, and will be used in the administration of the Municipality of Red Lake By-Laws. Where applicable, personal information on this form may be disclosed to: the Red Lake Fire and Rescue Service, Building and Planning departments as well as the Northwestern Health Unit.

Revision 2/November, 2016