	TOWN BUSINESS LICENC	ORM Initial & Date	_				
Please check applicable:							
 Commercial / Industrial New Application Corporation 	Home BasedName ChangeProprietorship	ContractorNew LocationPartnership	ProfessionalNon Profit				
Business Name							
Corporate Name (if different)							
Business Address Unit	No. Street No.	Street	Postal Code				
Business Phone:	Fax:	Cell or 0	Other:				
Mailing address (if different	than above)						
Name and address of owner(s) or principal(s)							
Surname First Name	Initial	Contact Phone No.					
Surname First Name	Initial	Contact Phone No.					
Number of employees at Creston location: Owner(s) Full Time Part Time							
Fully describe the proposed business activity:							
Are there any vending machines on the premises? Yes No							
Floor Area: Commercial / Industrial (in square meters)							
Total Floor Area:	Public Access area:	Storage Area:	Washrooms				
Floor Area: Home Based Businesses (in square meters)							
Total Floor Area:		Total Area Use	d for Business				
Will any building alterations be done? Yes No If YES, a Building Permit may be required. Please contact the Building Inspector for information. In some cases a change of building use may affect the current Utility rate. Please contact the Finance Department for further information.							
Will any business signs be installed? Yes No If YES, a Sign Permit may be required. Please contact the Business Licence Inspector for information.							

TOWN OF CRESTON - BUSINESS LICENCE APPLICATION FORM

Release of information: Would you consent to the Town releasing your business name, business address and business telephone number to the Mayor/Town Council Members and approved community groups such as the Chamber of Commerce, Community Futures, or similar agencies?

□ Yes □ No Initial: _____

Applicant Statement

For Home Based Businesses Only

I/we have received and read a copy of the excerpt from Town of Creston Zoning Bylaw No. 1123 as related to home occupation uses: _____(Initial)

For all Applicants

I/we the undersigned hereby make application for a business licence in accordance with the information as stated and declare that the statements are true and correct. I/we undertake, if granted the licence applied for, to comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the Town of Creston. I/we further understand that all business licences expire on December 31st of the year in which they are issued and must be renewed annually. Every business licence is subject to review at any time and a licence may be suspended or revoked for cause.

This form completed by:			
	Print name	Signature	
Position in business:		Date:	

The Town of Creston collects your information for the purposes of administering Town of Creston programs and services, including permits and licensing services, in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. Information collected with this form, including copies of any associated documentation submitted as part of this application, may be disclosed to the public in accordance with *FOIPPA*. If you have any questions about the collection and use of information, please contact the Town's Corporate Officer at 250-428-2214, ext. 210.

Licence Department Use Only

Approvals Re	quired:			
Building	Date	Received		
	Date	Received		
□ Other	Date	Received		
Approved by	Licence Inspector:	Date:		
Licence Categ	gory:	Description:		
Terms and Conditions:				