



THE CORPORATION OF THE TOWN OF FORT SMITH APPLICATION FOR A BUSINESS LICENSE

As per Town of Fort Smith bylaws if you are applying to operate a home occupation business for the first time an application for development must be filled out as well. Please contact the Town of Fort Smith at (867)872-8400 for additional information.

Date of Application	New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>
Name of Applicant	Name of Business	
Business Street Address	Legal Address Lot: _____ Plan: _____	Mailing Address
Phone Number	Fax Number	Do you wish to have your Business information placed on the Town's website? Yes/No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to receive email newsletters from the Town regarding Business, Funding and Economic Development updates? Yes/No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Web Page Address	
Type of Business: RESIDENT <input type="checkbox"/> Commercial (located in Town Centre, Highway Commercial, Light Industrial, Heavy Industrial and Institutional Zones or as allowed in Residential Zone as specified in Bylaw (794) \$82.50 <input type="checkbox"/> Home Occupation (located in a Residential Zone) \$137.50 <input type="checkbox"/> Telephone/Desk Operation (located in a Residential Zone) \$137.50 <input type="checkbox"/> Hawker/Peddler \$137.50 <input type="checkbox"/> Junior Business \$1.00 <input type="checkbox"/> Charitable Purposes no charge Please Note: Resident business applications after September 1 will cost one half the regular price	Type of Business: NON-RESIDENT <input type="checkbox"/> Hawker/Peddler \$313.50 <input type="checkbox"/> Contractor \$247.50 <input type="checkbox"/> Charitable Purposes no charge	
<input type="checkbox"/> Change Fee for any license \$38.50	<input type="checkbox"/> Late Fee (if renewal received after February 15)	\$38.50
Particulars of Occupation, Trade, Calling or Business to which this application will apply: PLEASE INDICATE ALL AREAS OF OPERATION		
Date of Commencement (If New or Non-Resident):	Date of Termination (If Non-Resident):	Number of Employees Full Time: _____ Part Time: _____

I, _____, hereby make application for a license in accordance with the particulars as above stated and certify that the number of persons employed in the said business will be _____(or _____ person-years) including owner, and that the necessary verification has been received in accordance with the provisions of the Worker's Compensation Act.

*** Note: We accept applications via email. If you wish to submit this application via email please send to reception@fortsmith.ca**

Signature of Applicant

On Behalf of (Name of Business)

License Approved: _____
Signature of SAO or Development Officer

Date: _____