



# 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		Mailing Address	
Phone Number		Fax Number		Do you wish to have your contact information to be placed on the Town's website? <b>Yes/No</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address			Web Page Address		
<b>Type of Business: RESIDENT</b> <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)) <b>\$75.00</b> <input type="checkbox"/> Home Occupation (located in a Residential Zone) <b>\$125.00</b> <input type="checkbox"/> Telephone/Desktop Operation (located in a Residential Zone) <b>\$125.00</b> <input type="checkbox"/> Hawker/Peddler <b>\$125.00</b> <input type="checkbox"/> Junior Business <b>\$1.00</b> <input type="checkbox"/> Charitable Purposes <b>no charge</b> Please Note: Resident business applications after September 1 will cost one half the regular price			<b>Type of Business: NON-RESIDENT</b> <input type="checkbox"/> Hawker/Peddler <b>\$285.00</b> <input type="checkbox"/> Contractor <b>\$225.00</b> <input type="checkbox"/> Charitable Purposes <b>no charge</b>		
<input type="checkbox"/> Change Fee for any license <b>\$35.00</b>		<input type="checkbox"/> Late Fee (if renewal received after February 15) <b>\$35.00</b>			
Particulars of Occupation, Trade, Calling or Business to which this application will apply: <b>PLEASE INDICATE ALL AREAS OF OPERATION</b>					
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: \_\_\_\_\_