



CITY OF WINKLER

185 Main Street, Winkler, MB R6W 1B4 Telephone: (204) 325-9524 Fax: (204) 325-9902



APPLICATION FOR BUSINESS LICENSE

And/or Business Fee in Lieu of Business Tax

APPLICANT INFORMATION

NAME: _____

CIVIC ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

PROPOSED BUSINESS INFORMATION

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

Will clients be coming to your home?

No Yes If yes, what are your hours of operation? _____

Will you have any employees who do not reside at this residence?

No Yes If yes, please explain _____

If this is a home based business, how many square feet will be used? _____

Will the business operation result in any of the following impacts to the neighbourhood?

Noise Odours Smoke Frequent Traffic Other _____

Will there be any signage on or off your property?

No Yes

If Yes: Size of the sign: _____ Location: _____

Do you use your vehicle for your business?

No Yes

If Yes: Drivers Licence #: _____ Licence Plate: _____

Do you want to be on the City of Winkler's Website?

No Yes

Are you a Resident of: City of Winkler, RM of Stanley or City of Morden?

Yes Annual Fee: \$75.00 No Annual Fee: \$300.00

I hereby acknowledge all information provided is correct and accurate. Should there be any changes, it is my responsibility to contact the Planning & Engineering Department in the City of Winkler.

I declare that I have obtained and provided copies of all necessary licences/permits etc, as required under other Statutes, Provincial and otherwise, to operate as such a business, and I agree to comply with all rules and regulations that are now in force, or hereafter may be in force respecting the same trade, business or calling.

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

LICENSE #: _____ DOES ZONING COMPLY? NO YES

APPROVED BY: _____

EXPIRES: _____ RECEIPT #: _____