



TOWN OF ECKVILLE Business License Application

Date: _____ New Transfer Name Change Renewal

Business Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Cell: _____

Owner: _____ Manager: _____

Is this a home occupation? Yes No Is this a home office? Yes No

Street Address of Business: _____ Will sales people go door to door? Yes No

Brief description of business: _____

E-mail Address: _____ Provincial License No (if applicable): _____

***Important: Applicant may not proceed with the business or any construction to the business site until the business license has been approved and other necessary permits are obtained.**

Signature of Applicant

OFFICE USE ONLY

Business License Fee: _____ Development Permit Fee: _____

Legal Address: _____ Lot: _____ Block: _____ Plan: _____

Zoning: _____ Roll No. _____ License No.: _____

Approved by Land Use Bylaw: _____

Approved under Fire Regulations: _____

Approved under Health Regulations: _____

Special Conditions of Approval: _____

Date presented to M.P.C.: _____ Issue Date: _____

Business License Clerk