



RURAL MUNICIPALITY OF ST. ANDREWS

Licencing By-Law No. 3976 and Amendment No. 4053



BUSINESS LICENCE APPLICATION FORM

BUSINESS NAME: _____

(The name of the proposed business in this space; if this is a corporate name, the whole & complete name recorded)

TYPE OF BUSINESS ORGANIZATION (check one of the below)

- 1. Sole Proprietorship _____
- 2. Partnership _____
- 3. Corporation _____
- 4. Co-operative _____

BUSINESS MAILING ADDRESS: _____

(The business mailing address must be complete & include, if applicable, street, building number, Town or City & Postal Code or PO Box Number, Town or City & Postal Code)

TELEPHONE: () _____
(office) (include area code, telephone number & extension)

() _____
(home) (telephone number of owner, manager or contact person)

BUSINESS LOCATION: _____

(a post office box alone is not an acceptable address for the business address location. If no civic address exists for the business, insert the physical location of the business, legal property description and the postal address)

I, (WE) _____
(full name)

Of _____
(residence, giving street name and postal code)

I, (WE) _____
(full name)

Of _____
(residence, giving street number and postal code)

I, (WE) _____
(full name)

Of _____
(residence giving street number and postal code)

(Names and addresses of business owner(s), partners or corporation directors. The names in full, including all given names, no initials, and the residence address in full, including postal codes. Note instead of directors you can use manager or executive.)

DO HEREBY DECLARE:

1. That I (we) am (are) carrying (intend to carry) on business as:

(describe the business that will be operated; give as much details of the business as possible)

2. That I (we) commenced business under the said name as of _____ day of _____, 20__

3. That I (we) have satisfied myself (ourselves) that the proposed business has and shall comply with all By-Laws of the Municipality and all appropriate Federal and Provincial Legislation.

It is further understood that the terms and conditions of this licence do not involve obligations under any other Municipal By-Law of Federal or Provincial Statutes. It is also further understood and accepted that contravention of other Municipal By-Laws, or Federal or Provincial Statutes shall result in the automatic cancellation of this licence as provided under By-Law No. 3976 and Amendment No. 4053.

4. That no other firm, person or corporation is associated with me (us) in the said business.

Dated at _____ in the Province of Manitoba, this _____ day of _____, 20__

Signature

Position

Signature

Position

Signature

Position

Please return completed form to:

R.M. of St. Andrews
P.O. Box 130, 500 Railway Avenue
Clandeboye, Manitoba R0C 0P0
E-mail: office@rmofstandrews.com

Phone: (204) 738-2264 or 1-866-738-2264 (Toll Free)
Fax: (204) 738-2500

OFFICE USE ONLY (to be filled out by R.M.)	
Roll Number: _____	Business Name: _____

Number of Employees: _____
(Please indicate if employees reside on premises)

Hours of Operation: _____ to _____, _____
(days of week)

Number of Business Vehicles On Site: _____
(Indicate type of vehicle and where parked)

Describe Operations On Site: (Please provide detail)

Describe Any Operations Off Site: (Please provide detail)

- Please identify, and show on site plan: (use back of page, if needed)
- a. Business Equipment On-Site: _____
(Y/N, list type, location)
 - b. Exterior Storage On-Site: _____
(Y/N, list type of equipment stored, location)
 - c. Business Sign(s): _____
(Y/N, list type of sign(s), location)
 - d. Customer Parking On Site: _____
(Y/N, location)

PLEASE NOTE:

Applicants are encouraged to provide a site plan where appropriate. Please note that permits may be required for change of use, new structures, building additions, alterations, and/or renovations.