



**SCHEDULE '2' TO BY-LAW 2005-115
HOME OCCUPATION BUSINESS LICENCE
APPLICATION FOR BUSINESS WITHIN A PERSONAL RESIDENCE IN ANY ZONE**

Applicant: _____
(Enter Name of Sole Proprietor/Partnership Names/Incorporated Company Number or Name)

Contact Person: _____

Mailing Address of Applicant/Agent: _____
_____ **Postal Code:** _____

Contact Telephone: _____ **Business Telephone:** _____

Name of Proposed Business: _____

Location of Proposed Business: _____

Proposed Date of Opening: _____

Is there another Home Occupation operated from the same premises? Yes No

If Yes, what is the name of the other business? _____

What is the floor area of the dwelling to be devoted exclusively to the business? _____

Does the business involve the production of goods/merchandise from the premises? Yes No

If Yes, what type? _____

What goods or service will be merchandised from the premises? _____

Will there be storage of goods or products on the premises? Yes No

If Yes, what will be stored and where will this storage be located? _____

Who will be employed in the Home Occupation? _____

Where do they reside? _____

How many commercial vehicles will be used in the business? _____

Please describe the type and size of the vehicle: _____

DESCRIPTION OF THE BUSINESS TO WHICH THIS APPLICATION APPLIES: _____

Certain businesses require additional licensing from the Owen Sound Police Services (i.e. Taxi, Second Hand Shop, Salvage Yard, Body Rub Parlor, Body Piercing, Tattoo Services, Adult Entertainment and Escort Services) Contact Police Services at 922 2nd Avenue West, Owen Sound ON N4K 4M7 519-376-1234 for more information.

Please complete this section if you are operating your business from within a Rental Property or a Condominium:

RENTAL PROPERTY

Are you a tenant at the property? Yes No

If Yes, the consent of the landlord is required. Consent can be in the form of a signature on this application or by separate written communication including a signature.

LANDLORD CONSENT: I hereby approve this home occupation business within my premises.

Please Print Name

Telephone Number

Signature

(see reverse)

CONDOMINIUM CORPORATION

Are you a tenant or owner at this property? (Please Circle)

The consent of the Condominium Corporation is required. Consent can be in the form of a signature on this application or by separate written communication including a signature.

CONDOMINIUM CORPORATION CONSENT: I hereby approve this home occupation business within my premises.

Please Print Name

Telephone Number

Signature

ALTHOUGH NOT A REQUIREMENT OF THIS APPLICATION, THE APPLICANT IS ENCOURAGED TO SUBMIT DIRECTLY TO THE FIRE, HEALTH, BUILDING AND/OR PLANNING DEPARTMENTS THE FOLLOWING INFORMATION WHICH WILL ASSIST IN EXPEDITING REVIEW OF THE APPLICATION.

- Survey or accurate sketch of the subject property showing existing buildings and dimensions (i.e. setbacks, building size, etc.)
- Proposed floor plan showing ingress / egress, building fenestration, etc., with dimensions and floor area calculations
- Number of parking spaces available for the proposed business

If insufficient or inconclusive information is presented, the City reserves the right to hold the application in abeyance and request additional information.

PAYMENT FOR YOUR BUSINESS LICENCE IS NON-REFUNDABLE AND MUST ACCOMPANY THIS APPLICATION.

Payment may be cash, debit or cheque made payable to the City of Owen Sound. Other specialty licence fee information available upon request.

Business Licence Fee:

Resident	\$140.00
Relocation of Business	\$140.00

Specialty Licence Fees – Please refer to General Business Licence Application

Note:

If you plan to erect a **Sign** for your business, you should be advised that signage for Home Occupations is very controlled and restricted. Please contact the City's Building Division for further information.

If you are completing renovations or constructing a new addition or building, you may require a **Building Permit**. Please contact the City's Building Division for further information.

The information on this application is gathered in accordance with the *Municipal Act*, RSO 2001, Chapter C25. This application is to be used by the Clerk's Department for administrative purposes and will be distributed to the Departments listed below for comment to determine if a licence will be granted. All information of a personal or private nature is protected by the *Municipal Freedom of Information and Protection of Privacy Act*, RSO 1990, Chapter M.56. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant.

I declare that the information in this application is true. I agree to conform to the regulations and applicable schedules of the licensing by-laws and other applicable by-laws to which this application pertains.

Signature of Applicant

Date

OFFICE USE ONLY

LICENCE FEE: \$ _____ RECEIVED BY: _____ RECEIPT #: _____

DISTRIBUTION:

- | | |
|---|---|
| <input type="checkbox"/> PLANNING & DEVELOPMENT | <input type="checkbox"/> CHIEF BUILDING OFFICIAL |
| <input type="checkbox"/> BY-LAW ENFORCEMENT OFFICER | <input type="checkbox"/> FIRE DEPARTMENT |
| <input type="checkbox"/> HEALTH UNIT | <input type="checkbox"/> POLICE SERVICES |
| <input type="checkbox"/> FINANCIAL SERVICES/TAX | <input type="checkbox"/> TOURISM MANAGER |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> BUSINESS ENTERPRISE CENTRE |

DATE APPLICATION APPROVED IN PRINCIPLE BY COUNCIL: _____

DATE FINAL APPROVAL GRANTED AND LICENCE FORWARDED: _____