City of Iqaluit
Schedule "A" By-law No. 624

APPLICATION FOR BUSINESS LICENSE

Name of Business: New ___ Renewal ___ Year: ____	**Business Type:** __ Sole Proprietor __ Partnership __Cooperative __ Corporation __ Non-Profit/Charity/Society
Owner(s) Name: _____ **Contact Name:** _____ **Mailing Address:** _____	**Industry (Business Activity):**
Physical Location of Business: **Building No.** _____ __**Hawker/Peddler** __**Non-resident (outside Iqaluit)** __**Outside Home (on site)** __**Home Based**	**Contact Information:** **Telephone Number:** _____ **Cellular Number:** _____ **Fax Number:** _____ **Email address:**

AUTHORIZATION OF APPLICANT

I, _____, hereby make application for a license in accordance with the particulars as above and certify that the above mentioned information is correct.

_____ _____

Signature of Applicant **Date**

Is this a junior business as defined in Section 2 of By-law 624? __ Yes __ No (If yes, parent or guardian signature required below.)

I _____, being the parent or guardian of the applicant, do hereby give my consent to the above named to operate the aforementioned business.

_____ _____

Signature of Parent/Guardian **Date**

CHECK LIST

Fee: $_____ Received Date: _____ Receipt No. _____

Documentation Attached:

WSCC Certificate of Compliance	Attached: ___
Tourist Accomodation License	Attached: ___
Health Regulation Compliance	Attached: ___
Home Based Business - Zoning/General Plan Complian	Attached: ___
Other: Nunavut Business Name License	Attached: ___
Certificate of Compliance	Attached: ___
Certificate of Good Standing	