



City of Yellowknife

INFORMATION UPDATE FOR BUSINESS LICENCE

Business Information

Business Name: _____

Business Services Offered (Be Specific): _____

Civic/Street Address: _____ Postal Code: _____

Mailing Address: _____ Postal Code: _____

Business Email: _____ Bus. Ph: _____

Business Website: _____ Bus. Fax: _____

Please answer the following questions regarding your business: YES NO

Will the business operate exclusively from one address? YES NO

Home Based Applications only

*Will there be any staff/employees other than the resident(s) of the home? YES NO

*Is the business use of the home anything other than office or storage? YES NO

*Is any variation to the external appearance of the residence required? YES NO

*Will any commercially-registered vehicles associated with the business be parked on the property? If "YES", please specify the # of vehicles in the blank. # _____ NO

*Will the business require any vehicle(s) over 4400 kgs? (e.g. cube van, moving truck, etc.) YES NO

*Will any vehicles associated with the business generate parking or traffic problems? YES NO

*Will any customers/patrons be in attendance at any time? YES NO

*If applicable, how many customers/patrons will be in attendance? _____

*If applicable, what type of goods related to the business will you be storing on the property? _____

*If applicable, where will goods and articles associated with the business be stored on the property? (Check all that apply)
Inside the home Shed Garage Outdoors Other (please specify): _____

*Please list all people who will operate the business: _____

*Hours of operation of business? _____

The City of Yellowknife has an online Business Directory on its website that can display information about your business.

Please include the following on the Business Directory (check those that apply):

Business Name, Telephone Number and Email address

Business Address

Do not publish information regarding my business on the online Business Directory

Primary Business Owner's Contact Information & Acknowledgement

Applicant's Name: _____

Phone #'s Cell: _____ Office: _____ Email: _____

Credit Card No.: _____ Exp: _____

Applicant's Signature: _____ IVC: _____

SECTION 2 - BUSINESS CLOSED

I/We as the owner of, _____ hereby declare that the aforementioned Business is closed effective _____

As my business is no longer operating in the City of Yellowknife, I am requesting that you close my City of Yellowknife Business Licence file. I understand that should I reopen this or any new business in the City of Yellowknife I will have to apply for a new Business Licence and remit applicable fees at that time.

Primary Owner's Signature: _____ Date: _____

Where applicable

Secondary Owner's Signature: _____ Date: _____