



THE CITY OF DAWSON

Business License Application

Box 308
Dawson City, YT Y0B 1G0
Phone (867) 993-7400 Fax (867) 993-7434



Type of Application (check all that apply)			
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change in Nature of Business	<input type="checkbox"/> Change of Address / Name
		<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Ownership
Business Name (operating name)		Date of Application	
Legal / Corporate Name (for registered Co.)		Business Telephone Number	
Business Mailing Address		Business Fax Number	
		Business Email Address	
Business Location (Street Address)		(Legal Address)	
		Lot	Block Estate
Description of Business			
Consumer & Corporate Affairs Registration #	CCRA Business Number	Business Start Date	
Owner(s) / Licensee(s)		Number of Employees	
Local Contact		Contact Telephone Number	
Type of Business (check all that apply and provide required information)			
<input type="checkbox"/> Retail (_____) sq feet	<input type="checkbox"/> Licensed (_____) sq feet	<input type="checkbox"/> Bed & Breakfast (_____) # rooms	
<input type="checkbox"/> Wholesale (_____) sq feet	<input type="checkbox"/> Home based (_____) # visits / day	<input type="checkbox"/> Accommodations (_____) # rooms / units	
Please Answer the following questions			
Are you renovating or altering the premises in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, City of Dawson Development permit required.	
Will there be any new signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, City of Dawson Development permit required.	
Will there be any food preparation or handling on the premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, written approval from Environmental Health is required. (not required for existing businesses, info on file)	
Does your business provide child care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, written approval from Child Care Services is required.	
Does your business provide private investigator or patrol services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, additional requirements of the City of Dawson Business License Bylaw must be met.	
Is this an application for a Taxi Business license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, requirements of the City of Dawson Taxi Bylaw must be met prior to license being issued.	
Is this an application for a Street Vendor Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, street vendor stall rental form required OR alternate location approved by Council and written approval of property owner. Payment of Waste Management Fees.	

I hereby make application for a business license and declare that the above statements are true and correct. I understand that if I am granted the license applied for, I will comply with all City of Dawson Bylaws and amendments thereto in force or which may hereafter come into force in the City of Dawson.

Signature of owner or authorized agent: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY			
DATE:	ZONE:	USE:	LICENCE FEE:
PERMITTED USE:	DISCRETIONARY USE:	NOT PERMITTED USE:	LICENCE NUMBER:
DEPARTMENT	APPROVED	NOT APPROVED	DATE
PLANNING			
BYLAW			
CITY MANAGER			