

Business License Application Appendix B Box 308 • Dawson City • YT • Y0B 1

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

City Manager									
Bylaw									
Planning									
DEPARTMENT	APPROVED	D N	NOT APPROVED		DATE	ATE COMMENTS			
ZONE:	USE:	E: PERMITTED 🗆 DISC. U				FEE:	Lic#		
OFFICE USE ONLY									
granted the license applied for I will be required to comply with all of the Dawson Bylaws SIGNATURE OF OWNER OR AUTHORIZED AGENT: DATE:									
, ,	prior to commencement of work. e statements are true and correct. I understand that if I am								
				If yes, a Contractor Safety Program package must be completed					
Is this application for a mobile refreshment stand?					If yes, Mobile Refreshment Stand requirements of City of Dawson				
Is this application for a street vendor permit?					If yes, street vendor requirements of City of Dawson Business Yes □No license bylaw must be met				
Is this application for a Taxi Business License?					Yes □No If yes, requirements of City of Dawson Vehicle for Hire Bylaw must be met prior to license being issued				
Does this business provide childcare services?							is require		
Will there be food preparation or handling on this premise? Yes DNo If yes, YG Environmental Health approval is required								al is required	
					Yes □ No If yes, please indicate how many visits/day:				
Will there be any new signage? Vill there be any new signage?									
Are you renovating or altering the premises in any way?									
Please answer the following questions									
Telephone Number				Spaces Winter C	Spaces Winter Contact Ph#				
				Number of Off-Street Parking					
Mailing Address:				Description of Business					
Name:				Web Address					
Property Owner Information				Email Address					
Leased a				Dawson Web-site? Yes No					
ROLL#:				Business License for participating Yukon Communities Would you like your business& contact information included on City of					
Lot Block Estate				Will you be operating your business in other Yukon Communities? □ No □ Yes You may wish to purchase an Inter-Municipal					
Mailing Address:				Mailing Address:					
Operator Name Phone Number:				Phone Number:					
Business Owner /				Street Address:					
Application Date				Business Name					
 New Application 	□ Renewal	🗆 Chang	ge of Name	E	Change of Ownership			Change of Location	