BUSINESS LICENCE APPLICATION

Year:_____

Town of Faro
PO Box 580
Faro, YT
Y0B 1K0

Phone: (867) 994- 2728 Fax: (867) 994 - 3154 Email: cao-faro@faroyukon.ca Website: www.faroyukon.ca

		Filing Date
This is an application for a (check all that apply) ☐ New Business ☐ Change of Ownership ☐ Change of Address ☐ Change of Name ☐ Renewal		
Business Name		Trade name/Ltd/Incorp/corp #
Nature of Business		Number of Local Employees (include self)
Owner(s)/Licencee(s)		
Business Location		
Mailing Address, if different from business location		
Business Telephone Number	Business Fax Number	Business Email Address
Local Contact	Emergency Telephone Number	Business Start Date
Type of Business (check all that apply and indicate total floor area in ft. sq. or m. sq.) ☐ Retail (_____) ☐ Wholesale (_____)	☐ Licenced (_____) ☐ Accommodation (# of Rooms/units_____)	☐ Home-based ☐ Mobile Home Park (# of spaces_____)
CCRA Business Number	Trade Qualification Number	Previous Municipal Business Licence #

IMPORTANT NOTICE

By submitting this Business Licence Application, the above-named applicant hereby declares that all the above information is correct and that they will comply with all of the relevant provisions of the Licence By-Law No. 2005-01. By signing the Business Licence Application the applicant agrees to comply with any and all TOWN OF FARO By-laws that the Chief Administrative Officer deems applicable.

**Applicants Signature:

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Department	Approval	Date	Comments	Other
Planning Bldg. Insp. Environ. Health				

Licence Number	Class Code	Fee

Please note: Business License applications are public documents and may be released to members of the public at any given time.