



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

BUSINESS LICENCE APPLICATION

2013

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) <input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name <input type="checkbox"/> 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.) <input type="checkbox"/> Retail (_____) <input type="checkbox"/> Licenced (_____) <input type="checkbox"/> Home-based <input type="checkbox"/> Wholesale (_____) <input type="checkbox"/> Accommodation (# of Rooms/units_____) <input type="checkbox"/> 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:

This section for Office Use only				
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.