



Town of Faro Business License Application

Bylaw 2024-11
Schedule "B"

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			
Applicant Name & Position			
Business Name		Trade name/Ltd/Incorp/corp #	Business Name Registration Included: <input type="checkbox"/> Yes <input type="checkbox"/> Business name is my legal name
Business Start Date		CCRA Business Number	Trade Qualification Number
Owner(s)/License(s)			Number of Local Employees (include self)
Physical Location of Business		Town	Territory Postal Code
Mailing Address (box #)		Town	Territory Postal Code
Business Phone Number	Cell Number	Business Email Address	
Local (Emergency) Contact Name			Emergency Phone Number
Business Type			
Class 1 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Artist/Crafter <input type="checkbox"/> Clubs & Local Groups* <input type="checkbox"/> Home Catering <input type="checkbox"/> Licensed Massage Therapy <input type="checkbox"/> Licensed Counseling <input type="checkbox"/> Youth (under 25)		
Class 2 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Auto & Mechanical Services <input type="checkbox"/> Aviation <input type="checkbox"/> Business/Financial Services <input type="checkbox"/> Childcare <input type="checkbox"/> Counseling <input type="checkbox"/> Hair Salons & Esthetics <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaping & Snow Removal <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Media Services <input type="checkbox"/> Property Management <input type="checkbox"/> Recreation <input type="checkbox"/> Recycling & Waste Removal <input type="checkbox"/> Restaurants & Catering <input type="checkbox"/> Retail <input type="checkbox"/> Shipping & Expediting		
Class 3 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Accommodations <input type="checkbox"/> Bars & Lounges <input type="checkbox"/> Cannabis Sales <input type="checkbox"/> Commercial Rentals <input type="checkbox"/> Construction & Engineering <input type="checkbox"/> Gas Sales/Fuel Sales <input type="checkbox"/> Mobile Business <input type="checkbox"/> Tobacco Sales		
Class 4	<input type="checkbox"/> Hawker-Peddler (3day)		
Class 5 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Mining & Oil Corporations <input type="checkbox"/> Corporate Housing <input type="checkbox"/> Apartment Buildings <input type="checkbox"/> Outfitters		

By submitting this Business License Application I, _____, declares that all the above information is correct. By signing the Business License Application, I agree the business will comply with any and all Town of Faro bylaws. I agree that this application is a public document and will be released to members of the public upon request. I agree to have the business listed in the Town of Faro Business Directory. I agree that if I do not want the information listed in the business directory, I will send a letter to the Town Office indicating so.

APPLICANTS SIGNATURE: _____ **Date:** _____

***If you have additional information or a logo you wish to add to the business directory listing, please email the information to admin-faro@faroyukon.ca ***

This Section for Office Use only			
Date Received			
Fee Paid	<input type="checkbox"/> Business License Fee	<input type="checkbox"/> Late Fee	<input type="checkbox"/> IMBL
Town Approval	Date	Receipt # Business License Number	

*Optional Business License. Late fee does not apply.

