



Town of Kipling
Application for Home Based Business

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

Land Use Zoning: \_\_\_\_\_

I/we hereby make application under Zoning Bylaw 9-2013 for a home based business or home occupation license.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Proposed Development: \_\_\_\_\_

State the nature of the business to be conducted and explain fully what activity will occur at the residence:

Three horizontal lines for text entry.

\_\_\_ Clients coming to home

\_\_\_ No Clients coming to Home

This is an application for a:

\_\_\_ Home Based Business

A home based business, while subordinate to the principal use of the site, may see a minor increase in traffic through client visits.

See Section 4.6 of Zoning Bylaw 9-2013. (client visits, or employees)

\_\_\_ Home Occupation

A home occupation takes place entirely within the home with no exterior evidence of the business on the site. The operation of the home occupation is subordinate to the residence. (such as an office or computer business where no clients will visit)

What will be the frequency of business related vehicle trips coming to the home per day (including customers, yourself & deliveries)? \_\_\_\_\_

State vehicles and/or equipment being used? \_\_\_\_\_

Where will these vehicles be parked? \_\_\_\_\_

Number of employees working at the residence: \_\_\_\_\_

Number of employees who will live in the home: \_\_\_\_\_

Will there any storage involved with the business at the residence and if so describe what will be stored and where (ie: hazardous materials): \_\_\_\_\_

Do you plan to install and sign? \_\_\_Yes \_\_\_No

If so, please state size and location: \_\_\_\_\_

***This permit is not transferable to another applicant.***

I \_\_\_\_\_ hereby certify that:

- I am the owner of this property OR
- I am a tenant applying for this permit, and I have approval from the landowner. (attached written permission)

I have read and understand all of the information on this application in its completed form and am aware of the following regulations. I understand that this permit may be revoked at any time subject to the provision of Town of Kipling Zoning Bylaw 9-2013, if in the opinion of the Development Officer, the operation has not met the regulations and standards applicable to home occupations contained in this Bylaw.

\_\_\_\_\_ (Owner)

\_\_\_\_\_ (Date)

For Office Use Only:

Approved: \_\_\_\_\_

Conditions: \_\_\_\_\_

Minor \_\_\_\_\_ Major \_\_\_\_\_

Business License Fee: \_\_\_\_\_