



Business License Application

187A Range Road
 P: (867) 668-8340
adminbuilding@whitehorse.ca

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|---|--|
| This is an application for: (check all that apply) | |
| <input type="checkbox"/> New Business <input type="checkbox"/> Personal Name Change <input type="checkbox"/> Change of Mailing Address <input type="checkbox"/> Change of Physical Address <input type="checkbox"/> Change of Business Name – (Current business name: _____) | |
| Business Name | |
| Description of Business | Number of Local Employees (include self) ----- |
| Business Owner(s) | |
| Business Location | |
| Mailing Address (if different from Business Location) | |
| Business Telephone # | Business Email Address |
| Type of Business (check all that apply and indicate total floor area in square feet or square metres) | |
| <input type="checkbox"/> Retail (_____) <input type="checkbox"/> Liquor Licensed (_____) <input type="checkbox"/> Home-based (requires Development Permit) <input type="checkbox"/> Food Services (_____) <input type="checkbox"/> Accommodation/Mobile Home Park (# of Rooms/units/pads _____) <input type="checkbox"/> Retail Services, Restricted | |
| Other Business Description | |
| Are you renovating or altering the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes please describe: |

IMPORTANT NOTICE

By submitting this Business License Application, the above-named applicant hereby declares that all the above information is correct and that they will comply with the bylaws and regulations of the City of Whitehorse.

Signature _____

This Section for Office Use Only

| Department | Approval | Date | Comments | Other |
|---|----------|------|----------|-------|
| Development Officer | | | | |
| Yukon Government - Environmental Health | | | | |
| Workers Compensation | | | | |