

HOME OCCUPATION BUSINESS LICENCE APPLICATION

	BUSINESS AND APPLI	ICANT INFORMATION	ON:		
NAME (First):		NAME (Last):			
PHONE #:		TYPE OF APPLICATION:	☐ New Business		
			☐ Location Change		
EMAIL ADDRESS:					
BUSINESS NAME:					
ADDRESS: (street, city, postal code):					
BUSINESS PHONE # (if applicable):		BUSINESS EMAIL ADDRESS (if applicable):			
TYPE OF BUSINESS:		HOURS OF OPERATION (including seasonal):			
DESCRIPTION OF THE GOODS, WARES, MERCHANDISE, OR SERVICES:					
WOULD YOU LIKE TO BE PLACED ON THE BUSINESS DIRECTORY:	☐ YES (please complete Business Engagement Form)☐ NO	WOULD YOU LIKE TO RECEIVE EMAILS RE: TOWN EVENTS AND PROMOTION OPPOURTUNITIES?	☐ YES ☐ NO		
DWELLING INFORMATION:					
TYPE OF DWELLING:	☐ Single Detached ☐ Semi-color ☐ Other (please specify):	detached/Duplex 🔲 To	ownhouse		
TOTAL FLOOR AREA OF DWELLING & ACCESSORY BUILDINGS:		TOTAL FLOOR AREA TO BE OCCUPIED BY HOME OCCUPATION:			
LOCATION(S) OF PROPOSED HOME OCCUPATION:	☐ Basement ☐ First Floor ☐ Other (please specify):	r Second Floor	☐ Accessory Building		
DO YOU OWN THE DWELLING:	☐ YES	OWNER NAME (if			
	□ NO	applicable):			
OWNER PHONE # (if applicable):		OWNER EMAIL ADDRESS (if applicable):			
*PLEASE NOTE – IF YOU ARE NOT THE OWNER OF THE DWELLING, THE OWNER WILL BE CONTACTED BY THE TOWN OF PETROLIA TO ENSURE THEY HAVE NO OBJECTION TO THE OPERATION OF THE HOME OCCUPATION.					



HOME OCCUPATION BUSINESS LICENCE APPLICATION

NATURE OF HOME OCCUPATION: Will this Home Occupation be conducted only by the occupant(s) of the dwelling unit plus a maximum of one on-site employee or					
Will there be any external alternations to the dwelling?	☐ YES (please specify below)	□ NO			
Will there be any exterior advertising for the Home Occupation conform with zoning by-law regulations)	on? (Please note, all signs erected re	•			
Will there be any retail sale of goods on the premises that are occupation use?	NOT produced on-site or not acces YES (please specify below)				
Will the Home Occupation emit any noise, electrical interferer matter, heat, humidity, glare, refuse or other objectionable en		_			
Will the Home Occupation result in an increase in the pedestr	ian or vehicular traffic in the area?	□ NO			
Will the Home Occupation create a safety hazard for the existi	ing residential activities on the site ☐ YES (please specify below)	or in the area?			
Will any outdoor storage of materials, containers or finished p	oroducts in support of the Home Oc	cupation occur?			



APPLICANT SIGNATURE:

HOME OCCUPATION BUSINESS LICENCE APPLICATION

BUSINESS LICENCE FEES:

New Business - \$250 + inspection costs (one-time fee)

Taxi Licence - \$200/taxi (yearly)

Auctioneers \$300 (yearly)

Mobile Canteen - \$250 (yearly)

Transfer of Location – No Fee (inspection costs of new location required)

*these fees are subject to change upon direction of Council

SUPPORTING DOCUMENTATION CHECKLIST:

- 1. Submit your completed Home Occupation Business Licence Application to the Town of Petrolia Clerk's Department (either in person or via email at jsmith@petrolia.ca) and pay the applicable Business Licence fee.
- 2. Once your application is reviewed and deemed complete, it will be forwarded to the County of Lambton Planning Department for review.
- 3. After Zoning is reviewed and the business use is deemed eligible, your application will be forwarded to the County of Lambton Building Department and the Petrolia & North Enniskillen Fire Department for review. A representative from these departments will be in contact with you to schedule a joint building/fire/planning site visit and inspection. *Please do not contact Fire and Building directly to schedule inspections.*
- 4. If your business requires a Health Inspection*, please contact Lambton Public Health at (519) 383-8331 to schedule your inspection. Once the inspection is complete, please email a copy to jsmith@petrolia.ca
- 5. Once all inspections have been completed and departmental approvals have been received by the Clerks Department, you will be contacted to pick up your Licence from the Municipal Office. **Your business cannot be operational until the Business Licence has been obtained.**

*Businesses requiring a Health Inspection: food premises, personal service settings (hair and nail salons, body waxing, electrolysis, acupuncture, tattoo salon, tanning salon), recreational water facilities, day care, long term care, group homes, funeral homes, recreational camps, tobacco and vape product vendors. This list is subject to change.

If you intend to have a sign for your business, please contact the Clerks Department for a Sign Permit Application.

DATE (dd/mm/yy):

OFFICE USE ONLY:				
LICENCE # ISSUED:		DATE ISSUED:		
EXPIRY DATE:		FEE PAID:		
ROLL NUMBER:		ISSUER:		
FIRE INSPECTION		BUILDING INSPECTION		
(dd/mm/yy):		(dd/mm/yy):		
HEALTH INSPECTION		PLANNING APPROVAL		
(dd/mm/yy):		(dd/mm/yy):		