

# Application for Business License



# Déljñe Got'jñe Government

Our People. Our Future. Our Déljñe.

## Fees

Please note that this form must be accompanied by the applicable non-refundable application fee. You can attach a cheque or pay the DGG receptionist at the John Tetso Building and attach your receipt.

Home Based Business: \$50

All Other Businesses: \$250

## Your Contact Information

Full Name of Individual Making Application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Business Information

Full Name of Business Owner: \_\_\_\_\_

Deline Resident       Non-resident

Name of Business: \_\_\_\_\_

## How is your company registered?

Sole Proprietorship       Partnership       Corporation       Co-operative       Non-Profit

## Where is your company registered?

GNWT Corporate Registries       Corporations Canada       Other: \_\_\_\_\_

My business is not registered

What type of business are you operating? (e.g. restaurant, mechanic, store): \_\_\_\_\_

What type of products are you selling? (e.g. food, tools, clothes): \_\_\_\_\_

What type of services are you offering? (e.g. casual dining, vehicle repair, home delivery): \_\_\_\_\_

*Please note that if you are intending to sell, handle, or store food or drinks, you must meet all of the GNWT requirements and provide a copy of your Food Establishment Permit to us with this application. For more information, please visit <https://www.hss.gov.nt.ca/en/services/apply-food-establishment-permit/food-safety>.*

## Where is your business located?

Lot#: \_\_\_\_\_ Block#: \_\_\_\_\_ Plan#: \_\_\_\_\_

## Is this your home?

Yes       No

## Do you own the home or building where your business will operate?

Yes       No, and the owner has signed the Property Owner's Permission Statement below.

## Will you do business ONLY at this location?

Yes       No, I will be working at the locations of other businesses or others' homes.

No, the other locations will be: \_\_\_\_\_

How many employees does the business have? \_\_\_\_\_

**Is the business registered with the NWT Workers Safety & Compensation Commission (WSCC)?**

Yes, my WSCC account # is: \_\_\_\_\_  No

Please note that if you have one or more employees, you must have current registration with the NWT Workers Safety & Compensation Commission (WSCC).

**Business Contact Information**

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax number: \_\_\_\_\_ Website: \_\_\_\_\_

**Application Certification and Signature**

By signing below, I certify that the information above is correct and true.

I acknowledge that submitting false or misleading information may result in my Business License being revoked. That it is my responsibility to notify the Department of Economic Development, D l n  Got' n  Government immediately in writing of any change to the information provided on this application. That the license to be issued is only applicable to the business, products, and services stated, and is not transferable.

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

**Property Owner's Permission Statement**

I am/We are the owner(s) of the property located at

Lot#: \_\_\_\_\_ Block#: \_\_\_\_\_ Plan#: \_\_\_\_\_

If this Business License is approved, the applicant has my permission to operate the described business at this location, subject to any other terms or conditions that I have notified the applicant of prior to signing below.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Check List**

Cheque or receipt of fees payment is attached

- Food Establishment Permit is attached  Is not required
- Workers Safety & Compensation Commission registration is attached  Is not required
- Property Owner's Permission Statement is signed  Is not required

**Submission**

In Person: Economic Development Officer, Victor Beyonnie Building

By Postal Mail: Business License Applications Economic Development Officer P.O. Box 156 Deline, NT X0E 0G0

*Please allow up to three weeks for a decision on your application.*

**OFFICE USE ONLY**

|                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| Date Approved: _____        | Business License Number: _____ | Date Certificate Issued: _____ |
| In Person to: _____         | By Postal Mail to: _____       | Date Rejected: _____           |
| Reason for Rejection: _____ |                                | Rejection Letter Issued: _____ |
| In Person to: _____         |                                | By Postal Mail to: _____       |