



NON-RESIDENT BUSINESS LICENCE APPLICATION

Corporate Revenue, City Hall

222 3rd Ave N, Saskatoon, SK S7K 0J5

Phone: (306) 975-2400 Fax: (306) 975-7975

Email: revenue@saskatoon.ca Toll Free: 1-800-667-9944

The Business Licence Bylaw, 2021 - Bylaw No. 9746, requires all businesses to obtain a Business Licence before beginning operation. Business Licence fees are indicated below. Please return this form to Corporate Revenue, along with your payment. The City of Saskatoon Business Licence must be displayed prominently at the place of business.

Please note: This is an application only. Your application is not approved until you receive your licence from Corporate Revenue. The licence is issued subject to all Bylaws of the City of Saskatoon, whether made before, subsequent to, or during the continuance of the licence. For more information contact Corporate Revenue.

Date of Application: _____
DD/MM/YY

Effective Date of Business Operation in the City of Saskatoon: _____
DD/MM/YY

Application Type

(Please check appropriate application type and provide additional information as requested):

- ☐ **Contractor: \$400.00** Plumbing Contractors require approval from the City of Saskatoon Senior Plumbing Inspector - (306)975-7713
- ☐ **Direct Seller: \$50.00** Copy of Provincial Direct Sellers Licence is required
Provincial Direct Sellers Number: _____
Company Representing: _____
- ☐ **Transient Trader: \$500.00** (per location) Location: _____
- ☐ **Trade Show: \$500.00** (per location) Location: _____
- ☐ **General Licence** ☐ **New: \$135.00** ☐ **Renewal: \$95.00**
The transportation of passengers may require additional approval. Please contact vehicleforhire@saskatoon.ca
- ☐ **Farmers Market: \$125.00** (per location) Location: _____

For Office Use Only

Comments:

Amount Paid: _____ **Licence # Issued:** _____ **Approved By:** _____

Business Information (please print clearly)

Business Name: _____
(If registered Company Name is Limited or Incorporated)

Business Owner(s): _____

Operating As: _____

Mailing Address:

Unit #/Street #	Street Name & Direction	City	Province	Postal Code
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Phone: _____
Business Cell Fax

E-mail Address: _____

Contact Person: _____
(If different from above) First Name Middle Initial Surname

Unit #/Street #	Street Name & Direction	City	Province	Postal Code
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Phone: _____
Business Cell Fax

Please describe in detail the primary function of the business: _____

I hereby certify that all the statements within this application are true, and I make solemn declaration conscientiously believing to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

Applicant Signature

Date: _____
DD/MM/YY