



THE CITY OF WINNIPEG

Planning, Property and Development Department

Zoning & Permits Branch

MAIN FLOOR
FORT GARRY PLACE MALL
UNIT 31 – 30 FORT ST
WINNIPEG, MB
R3C 4X7

TEL: 204-986-5140
FAX: 204-986-6347

Application for a HOME BASED BUSINESS

New Home Occupation

Amending existing Home Occupation

DECLARATION: That the information I have provided is true and correct to the best of my knowledge

Name of Applicant: _____

Operating Name: _____

Official Title: (please indicate) Proprietor Owner President

Premises for Home Occupation: _____

Mailing Address: Same

Street	City	Province	Postal Code
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Street or PO Box	City	Province	Postal Code
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Phone: Residence _____ Work / Cell _____ Fax _____

Property Owner: _____

Name Street City Province Postal Code

Application Fee (*Subject to Change)

Home Occupation, DPZ fee: \$171.40

Total = \$171.40

Note: Additional fees may apply for Conditional Use or Variance Approval in addition to above DPZ fee

Please include cheque for the required amount payable to the City of Winnipeg

This is an application only. Upon approval, a home occupation permit will be mailed to applicant

Business Information

Business Start Date _____

Type of Vehicle(s) used for Business purposes (parking on premises) (please indicate):

Car Van Truck (indicate size) Registered Gross Vehicle Weight _____ Other (describe) _____

Are employees (not residing at application address) attending the premises? YES NO If yes, how many? _____

Are customers attending the premises? YES NO If yes, how many? _____

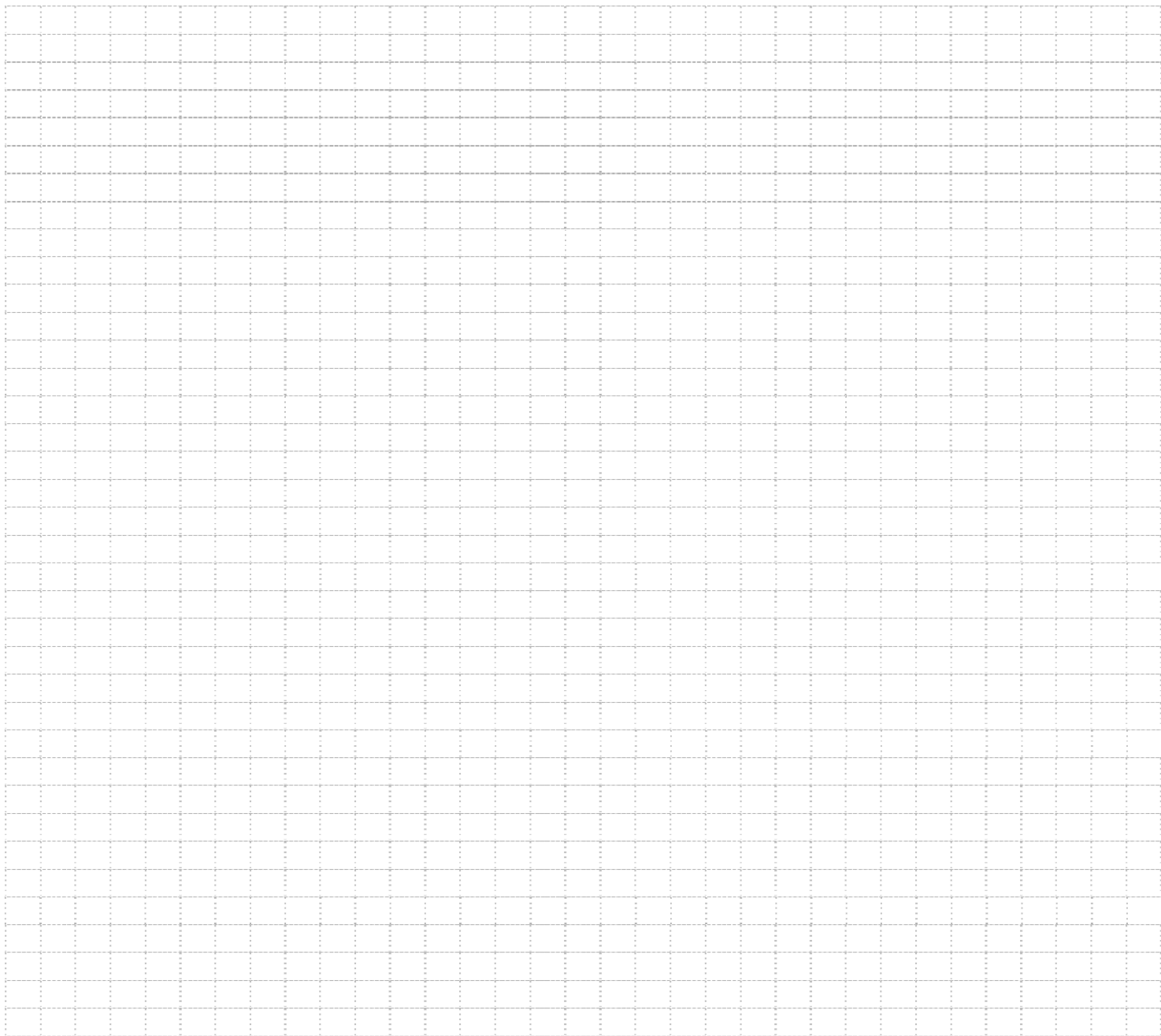
Number and size of Business Identification Signage on the premise: _____

Type of Business: (please indicate ie; Accountant, Plumbing Contractor, Art Crafter etc.) _____

Briefly describe the day to day operation of your business and on reverse side provide floor plan of business:

Applicant's Signature

Date



List items required to operate your business

Requirement on Plans:

Indicate accessory structure and/or dwelling dimensions of room(s)
location of furniture and/or equipment