



**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  
 PHONE: 986-5140  
 FAX: 986-6347

**Application for a HOME BASED-BUSINESS (Day Care)**

**New Home Based-Bus.**

**Amending existing Home Based-Bus.**

**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 Based-Bus.:** \_\_\_\_\_

**Mailing Address:**                      Street                      City                      Province                      Postal Code

same as above or                      Street or PO Box                      City                      Province                      Postal Code

**Phone:**                      Residence \_\_\_\_\_                      Work / Cell \_\_\_\_\_                      Fax \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Name                      Street                      City                      Province                      Postal Code

**Application Fee**

Category	Home Based-Business (1) or Occupancy Permit (2)	Conditional Use Application Fee	Conditional Use Application Fee ( <i>Post-Use without approval</i> )
Minor Family Day Care Home Based-Business (8 or less children)	(1) \$162.00	n/a	n/a
Major Family Day Care Home Based-Business (9-12 children)	(2) To be determined	\$645.00 + \$32.25 GST = \$677.25	\$968.00 + \$48.40 GST = \$1,016.40

**\*\*\* 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 the applicant**

**Business Information**

**Business Start Date** \_\_\_\_\_

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

**Number and size of Business Identification Signage on the premise:** \_\_\_\_\_

**Please provide us with the number of children in your care (including your own), hours of operation and pick up and drop off:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date