

## APPLICATION FOR A CERTIFICATE OF BUSINESS OPERATION

### SECTION 1 - BUSINESS INFORMATION

Name of applicant: \_\_\_\_\_

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Postal code: \_\_\_\_\_

Email address: \_\_\_\_\_

Building owner: \_\_\_\_\_  Same as applicant

If you are not the owner, please provide us with proof of residence.

Do you reside at the same address as the place of business?  Yes  No

Previous use of premises: \_\_\_\_\_

Number of years in operation: \_\_\_\_\_

If you are not the owner we will need a proof of residency.

Please give a brief description of the business to be carried out: \_\_\_\_\_

\_\_\_\_\_

Will clients be received at your establishment?  Yes  No

Will you be hiring employees?  Yes  No

If yes, how many? \_\_\_\_\_

Will you be running a daycare facility?  Yes  No

If yes, how many children will be attending? \_\_\_\_\_

Note: If you are running a daycare facility, it is your responsibility to inform the municipality, as well as your insurance company, of the number of children attending your daycare at the beginning of every calendar year.

Floor area of the premises: \_\_\_\_\_

Total area used for business: \_\_\_\_\_

Number of parking spaces reserved for the business: \_\_\_\_\_

If a sign is required for you business please ask the town planning secretary for a permit application.

Please note that your Certificate of business operation will be renewed automatically every year.

In the event of a business closure, you must notify the municipality in writing.

Do you have a Quebec enterprise number? (REQ/NEQ)

If yes, please indicate it : \_\_\_\_\_

If not, why? \_\_\_\_\_

Do you have a Régie du Bâtiment du Québec Number ? (RBQ)

If yes, please indicate it : \_\_\_\_\_

If not why? \_\_\_\_\_

**SECTION 2 – DECLARATION OF BUSINESS OWNER**

I certify that the information given in the present declaration is in all respect true, correct and complete. This declaration has the same power and the same effect as if it was given under oath and by virtue of the Evidence Act of Canada.

I am aware that any other documents necessary for the issuance of the permit could be requested and that the delay for issuing a permit is sixty (60) days maximum from the date the application is considered complete.

I, undersigned, certify that the information given in the present document and its appendices are in every respect true, correct and complete and that I will comply with their provisions and to those of the current town planning regulations.

I acknowledge that the issuance of the present permit or certificate does not exempt me from obtaining any other documents required by another service, agency, authority, ministry or local authority, be it on a municipal, provincial or federal level having jurisdiction in relation to the present application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of applicant (in block letters)

**THIS SPACE IS RESERVED FOR MUNICIPAL USE ONLY**

Zone n°: \_\_\_\_\_ Use group : \_\_\_\_\_

Bylaw n° : \_\_\_\_\_ Article : \_\_\_\_\_

Lot : \_\_\_\_\_ Range : \_\_\_\_\_ Township :  Eardley

Onslow

Village de Quyon

Roll n°: \_\_\_\_\_

Area of property : _____			Compliant	Non compliant
	<input type="checkbox"/> m <sup>2</sup>	Sign	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Acres	Septic tank	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Hectares	Parkng	<input type="checkbox"/>	<input type="checkbox"/>

Required documents :

Proof of residence \_\_\_\_\_  Yes  No

Decision from CPTAQ (if applicable) \_\_\_\_\_  Yes  No

Demande Acceptée

Demande Refusée

Complementary use: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Pick up  
 Mail