



# HOME-BASED BUSINESS APPLICATION

File: 12.00.00

Name of Applicant (please print) Business or Company Name Contact Phone No.

Mailing Address (including postal code)

Location of Home-Based Business if different from above address

The City of Dauphin reserves the right to revoke any License issued for actual or suspected non-compliance with provisions of the City of Dauphin Zoning Bylaw 04/2015.

Please note: if you are not the Property Owner, you must have written/signed consent from your landlord to apply for a Home-Based Business License. (see attached letter of authorization)

I hereby submit my application for a Home-Based Business License and attest that the information provided is correct to the best of my knowledge. I also understand that in order to maintain any Home-Based Business License, I must operate under the permitted conditions and limitations provided, that are contained in the City of Dauphin Zoning Bylaw 04/2015.

Signature: Applicant

Landlord (if applicable)

Date

To help the City of Dauphin determine your eligibility for approval to obtain a Home-Based Business License, please complete the following questions:

Please provide a detailed description of the type of Home-Based Business you are proposing:

Multiple horizontal lines for providing a detailed description of the proposed Home-Based Business.

## SECTION 1: Please answer the following questions.

1. Your Home-Based Business:

- is a primary use to your residential dwelling unit
is a secondary use to your residential dwelling unit

2. Your Home-Based Business is carried out:

- entirely within your residence
within an accessory building to your main residence
other (please explain)

3. Is your Home-Based Business operated solely by one or more residents living in your residential dwelling unit?

- Yes No

If No, please explain

4. What is the area in square footage in your residential dwelling or accessory structure that will be used for your Home-Based Business?

square feet (length x width)

5. Does your Home-Based Business distribute or sell retail articles?

- Yes No

If Yes, please specify what type

6. Articles for sale are:

- produced on site
- produced elsewhere and held on a temporary basis for distribution to customers

7. Display or signage:

a) Are you planning on having any exterior display or advertising sign?

- Yes \_\_\_\_\_ (measurements)
- No

b) Will you have any interior display visible from the outside?

- Yes
- No

If Yes, please explain \_\_\_\_\_

8. Exterior Storage:

a) Are you planning on storing any items relating to the business outside? (i.e. materials, inventory, or equipment)  Yes  No

If Yes, please list \_\_\_\_\_

9. How many business vehicles do you expect on site? \_\_\_\_\_

10. Will your Home-Based Business generate traffic in the neighbourhood?  Yes  No

If Yes, how many vehicles or customers per day do you expect? \_\_\_\_\_

11. Hours of operation: \_\_\_\_\_

**SECTION 2:** Applications for **Bed & Breakfast** please answer the following questions.

**Bed & Breakfast Business:**

1. How many guest rooms will be provided? \_\_\_\_\_

2. How many off-street parking spaces will be provided? \_\_\_\_\_

3. Are you planning on providing cooking facilities in the guest rooms?  Yes  No

**SECTION 3:** Applications for **family child care, catering, massage therapy, hairdressers & stylists, barbers, or estheticians**, please answer the following questions.

**Licensing & Inspections:**

**Family child care home** (services for up to 8 children, of whom not more than 5 are preschool and not more than 3 are infants, including the children of the licensed operator.) Must be provincially licensed.

License # \_\_\_\_\_

**Catering business:** Temporary food service establishment permit # from Manitoba Health \_\_\_\_\_

**Massage therapy:** Registered under Massage Therapy Association of Manitoba License # \_\_\_\_\_

**Hairdressing, stylist, barber or esthetician:** Comply with all required Provincial Health Regulations \_\_\_\_\_

OFFICE USE ONLY:

Roll# \_\_\_\_\_

The above noted application is  Approved  Not Approved  Conditional Use Required

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subject to the issuance of a Development Permit and/or Condition of Approval letter issued by City of Dauphin Building Inspector.

\_\_\_\_\_  
Signature (Building Inspector)

\_\_\_\_\_  
Date