



Business License Application

Whitecap Dakota First Nation Bylaw # 2005 – 001

Business Information (Please print clearly)

Date: _____

Business Name: _____

Business Address: _____, Whitecap, Saskatchewan, S7K 2L2

Phone #: _____ **Fax:** _____

Email: _____ **Have you previously held a WDFN Business License:** Yes _____ No _____

Business Description

Please describe the primary function of the business:

Business Owner Information

Owner Name: _____

Full Mailing Address: _____

Phone #: _____ **Fax:** _____

Email: _____

Business Type

- Co-operative
- Partnership (If yes, please attach details)
- Corporation
- Sole Proprietorship
- Other (Specify): _____

Are you presently registered or licensed with the federal or provincial government or a self-regulating professional body with respect to the conduct of your business? Y _____ N _____
(If yes, please attach details)

Are you bonded with a bonding agency with respect to the conduct of your business?
(If yes, please attach details) Y _____ N _____

Have you, within the previous three (3) years, been convicted of an offense under the criminal code of Canada for which you have been pardoned? Y _____ N _____



For Office Use Only:

Application Date: _____ Approval: _____ Rejected: _____ Fees Due: \$_____

Application Type (Please check one)

- New Business License \$100.00
- New Business License after July 1st \$50.00
- Annual Renewal \$100.00

Please make cheque payable to: Whitecap Dakota First Nation

Forward the completed application form, along with any supporting documents and payment to:

Whitecap Dakota First Nation

Attn: Lands Department

182 Chief Whitecap Trail

Whitecap, SK., S7K 2L2

General Information & Supporting Documents:

- Every person applying for a license under this by-law to operate a business that is governed or requires registration by any federal statute, or self-regulating professional body, must supply proof of his or her qualifications and of the qualifications of the employees to carry on such a business, and attach with application form.
- Where the applicant is a corporation or a partnership, proof of incorporation or partnership must be attached to the application form.
- All licenses are granted for a one-year period commencing January 1st and expiring December 31st of each calendar year.
- All licensed businesses may be subject to an inspection by the Whitecap Dakota First Nation, prior to license approvals.
- Any questions or concerns related to Business Licensing can be directed to the Whitecap Dakota First Nation Lands Department:

P: (306) 477 – 0908

E: tdesjarlais@whitecapdakota.com

Applicant Name (Print): _____ **Date:** _____

Applicant Signature: _____

