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**A BY-LAW TO AMEND BYLAW 485 WITH RESPECT TO THE FORT SIMPSON  
BUSINESS LICENSE BYLAW**

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**WHEREAS**, the Council of the Municipal Corporation of the Village of Fort Simpson, in the Northwest Territories, deems it to be in the public interest to amend the Fort Simpson Business License Bylaw 485;

**WHEREAS**, the Village of Fort Simpson has enacted the Fort Simpson Business License Bylaw 485, and;

**NOW THEREFORE**, the Council of the Village of Fort Simpson, in a duly assembled meeting enacts as follows:

1. Remove current section 13(a):

“In addition to any other licensing requirements, an applicant wishing to carry on business within a residential area must apply directly to Council which must be satisfied that the applicant is in compliance with all applicable legislation, regulations, and Bylaws prior to the issuance of a license;”

Replace with new 13(a):

“At the discretion of the Bylaw Officer/Development Officer or Senior Administrative Officer, in addition to any other licensing requirements, an applicant wishing to carry on business within a residential area may be required to apply directly to Council which must be satisfied that the applicant is in compliance with all applicable legislation, regulations, and Bylaws prior to the issuance of a license;”

2. Remove the old Schedule “A” – Application for a Business License and replace with the new Schedule “A” Business License Application Form attached to and forming part of this bylaw.

**EFFECT**

1. This By-law shall come into effect upon receiving Third Reading and otherwise meets the requirements of Section 75 of the *Cities, Towns and Villages Act*.


Read a first time this 19<sup>th</sup> day of January, 2015

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THE MUNICIPAL CORPORATION OF THE VILLAGE OF FORT SIMPSON  
BY-LAW NO. 2015-001

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\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
Senior Administrative Officer

Read a second time this 19<sup>th</sup> day of January, 2015

  
\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
Senior Administrative Officer

Read a third time and passed this 02<sup>nd</sup> day of February, 2015

  
\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
Senior Administrative Officer

Municipal Corporation of the Village of Fort Simpson  
BYLAW NO. 2015-001

**SCHEDULE "A"**  
**Business License Application Form**

Date of Application	New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Please include Previous Business License Number: _____
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Name of Applicant	Name of Business	
Business Physical Address	Business Legal Address	Mailing Address
	Lot: _____ Plan: _____	
Telephone Number	Fax Number	Zoning

<b>Type of Business: RESIDENT</b>  <input type="checkbox"/> Commercial                      \$100.00 <input type="checkbox"/> Home Occupation                      \$125.00 • Plus \$100 one time Development Fee <input type="checkbox"/> Student                                      \$1.00 <input type="checkbox"/> Seasonal Tourist                      \$50.00 <input type="checkbox"/> Charitable Organization                      No Charge <input type="checkbox"/> Canvasser/Hawker/Peddler                      \$250.00 <input type="checkbox"/> License Amendment \$25.00	<b>Type of Business: NON-RESIDENT</b>  <input type="checkbox"/> Commercial                                      \$250.00 <input type="checkbox"/> Seasonal Tourist                                      \$250.00 <input type="checkbox"/> Canvasser/Hawker/Peddler                      \$250.00  <input type="checkbox"/> Late Fee (If renewal received after Feb 15) \$25.00
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Particulars of Occupation, Trade, Calling or Business to which this application will apply: <small>PLEASE INDICATE ALL AREAS OF OPERATION</small>		
Date of Commencement (If New or Non-Resident)	Date of Termination (If Non-Resident)	Number of Employees Full Time _____ Part Time _____

I, \_\_\_\_\_, hereby make application for a license in accordance with the particulars as above stated and certify that the number of persons employed in the said business will be \_\_\_\_\_ (or \_\_\_\_\_ person-years), and that the necessary verification has been received in accordance with the provisions of the Worker's Compensation Act. Worker's Compensation Account #: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
On Behalf of (Name of Business)

Licenses are not transferable. Separate application forms shall be submitted for each class or place of business for which a license is required.

Fee: \$ \_\_\_\_\_

License Approved: \_\_\_\_\_  
Signature of SAO or Development Officer

\_\_\_\_\_  
Date