



**DISTRICT OF INVERMERE  
HOME OCCUPATION BUSINESS LICENCE  
APPLICATION FORM**

**NAME OF BUSINESS:**

\_\_\_\_\_

**LOCATION OF BUSINESS:**

\_\_\_\_\_

**NAME OF APPLICANT:**

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EXPLANATION**

Please write a brief explanation describing the nature and operation of your business (i.e. what goods do you sell, what services do you provide, are you just setting up an office from which to conduct business, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**STORAGE OF MATERIALS**

Materials and/or equipment (hand tools or large equipment) used in the operation of your business

- Yes  
 No

**If yes**, are these materials and/or equipment stored at your residence?

- Yes  
 No

**If yes**, please indicate the following:

- What kind they are \_\_\_\_\_
- Where they are stored \_\_\_\_\_
- How much is stored \_\_\_\_\_
- How long they are stored for \_\_\_\_\_

**OFF-RESIDENCE JOB SITES**

Does your business involve providing goods or services at a job site(s) away from your residence? (for example, carpet cleaning, home renovations)

- Yes  
 No

**If yes**, are materials delivered directly to the job site

- Yes  
 No

**If no**, where are they delivered first? \_\_\_\_\_

Between jobs, where do you store your tools and equipment and/or any left over materials?

## VEHICLES

Do you use a vehicle in the operation of your business

- Yes  
 No

If yes, what kind of vehicle and where is it parked \_\_\_\_\_

If the vehicle is a truck, how much does it weigh? \_\_\_\_\_

Please provide the number of off-street parking spaces on the property \_\_\_\_\_

## CLIENTS AND CUSTOMERS

Do you have clients or customers coming to your residence

- Yes  
 No

If yes, on what days or during which hours do they come to your residence?

- How many clients or customers come to your residence during an average day (or average week)? \_\_\_\_\_
- How many clients or customers would be at your residence at one time? \_\_\_\_\_
- While at your residence, where do your clients or customers park? \_\_\_\_\_

## DELIVERY OF GOODS

Are goods or materials used in connection with your business delivered to your residence

- Yes  
 No

If yes, please indicate what kind of materials are delivered? \_\_\_\_\_

How often and during what hours are materials delivered? \_\_\_\_\_

Do you deliver goods or materials to your customers?

- Yes  
 No

If yes, who are your customers (households, supermarkets, retail stores, etc.)? \_\_\_\_\_

How often are these goods delivered? \_\_\_\_\_

## ADVERTISING

How do you advertise your business?

## EMPLOYEES

Is this business a  Sole proprietorship  Partnership  Corporation

Do any other employees of the business work at your residence?

- Yes  
 No

**If yes,** how many employees work at your residence, how many employees dwell at your residence\_\_\_\_\_

Using a ruler, please draw a floor plan below indicating what area of your home will be used for business. Please indicate room dimensions, areas and the placement of furniture or equipment to be used in the operation of your business.