



Business License Application

2024

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Faro, YT Y0B 1K0

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Filing Date (Office Use Only)

This is an application for a (check all that apply)		
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name <input type="checkbox"/> Renewal		
Business Name	Trade name/Ltd/Incorp/corp #	Business Name Registration Included: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Business name is my legal name
Nature of Business	Number of Local Employees (include self)	
Owner(s)/Licence(s)		
Physical Location of Business		
Mailing Address, if different from business location		
Business Telephone Number	Business Fax Number	Business Email Address
Local Contact	Emergency Telephone Number	Business Start Date
Type of Business (check all that apply and indicate total floor area in ft. sq. or m. sq.)		
<input type="checkbox"/> Retail (_____) <input type="checkbox"/> Licenced (_____) <input type="checkbox"/> Home-based <input type="checkbox"/> Contractor <input type="checkbox"/> Wholesale (_____) <input type="checkbox"/> Accommodation <input type="checkbox"/> Rental <input type="checkbox"/> OTHER (please explain) (# of Rooms/units _____)		
CCRA Business Number	Trade Qualification Number	Previous Municipal Business Licence #

IMPORTANT NOTICE

By submitting this Business Licence Application, the above-named applicant hereby declares that all the above information is correct. By signing the Business Licence Application the applicant agrees to comply with any and all TOWN OF FARO bylaws.

****APPLICANTS SIGNATURE:**

This section for Office Use only				
Department	Approval	Date	Comments	Other
Planning				
Bldg. Insp.				
Environ. Health				
Licence Number			Fee	Intermunicipal

Please note: Business License applications are public documents and may be released to members of the public at any given time.

*If you wish to have your business featured on the Faro website, please fill out a Business Directory Form.