



# Business License Application

6-151 Industrial Rd  
 Whitehorse, YT  
 T: (867) 668-8346  
[adminbuilding@whitehorse.ca](mailto:adminbuilding@whitehorse.ca)

This is an application for: (check all that apply)		
<input type="checkbox"/> New Business <input type="checkbox"/> Personal Name Change <input type="checkbox"/> Change of Mailing Address <input type="checkbox"/> Change of Address (requires zoning approval)		
<input type="checkbox"/> Change of Business Name – (Current business name): _____		
Trade Name/Doing Business As		
Nature of Business		Number of Local Employees (include self) _____
Owner(s)		
Business Location		
Mailing Address (if different from Business Location)		
Business Telephone #	Alternate telephone #	Business Email Address
Type of Business (check all that apply and indicate total floor area in square feet or square metres)		
<input type="checkbox"/> Retail (_____) <input type="checkbox"/> Liquor Licensed (_____) <input type="checkbox"/> Home-based (requires Development Permit)		
<input type="checkbox"/> Food Services (_____) <input type="checkbox"/> Accommodation/Mobile Home Park (# of Rooms/units/pads _____) <input type="checkbox"/> Retail Services, Restricted		
Other Business Description		
Are you renovating or altering the premises?		If Yes please describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**IMPORTANT NOTICE**

**By submitting this Business License Application, the above-named applicant hereby declares that all the above information is correct and that they will comply with the bylaws and regulations of the City of Whitehorse.**

**Signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Section for Office Use Only			
Department	Approval	Date	Comments
Development Officer			
Yukon Government - Environmental Health			
Building Official			