



Wikwemikong Development Commission o/a Enaadmaagehjik
Wiikwemkoong Unceded Territory
Business Permit Application Form

In order to support your application for a business permit, please provide the following information to the Wikwemikong Development Commission, if available;

Documentation Required:

- ☐ Business Plan*;
- ☐ Pro Forma Financial Statements, including:
 - Balance Sheet;
 - Income Statement (3 year projection preferred);
 - Statement of Cash Flows (3 year projections preferred); and
 - Assumptions and research performed to support the pro forma statements.
- ☐ Term sheets for any projects financing;
- ☐ Supplier/Customer contracts;
- ☐ Construction schedule and contractors (if applicable);
- ☐ Environmental assessment (if applicable)**;
- ☐ Credit rating;
- ☐ WSIB number;
- ☐ Business Insurance information;
- ☐ BCR to operate a cannabis retail store or CBD within Wiikwemkoong
- ☐ Valid and approved provincially or territorial-authorized cannabis retailer or a federal-licensed seller of cannabis for medical purpose or CBD
- ☐ Demonstrate that Wiikwemkoong Tribal Police have been consulted
- ☐ Employer number; and
- ☐ Any other supporting documentation for your business.

***Note - A business plan is REQUIRED for all business expected to generate more than \$20,000 of revenue.**

****Note - Land Department to coordinate proponent to complete AANDC Environmental Assessment Form.**

Fees:

License Type	WUIR Member	Non Member
Home Based Business	\$50	\$250
Storefront/Retail/Restaurant	\$100	\$500
Transient Trader	\$0	\$150 for 3 months permit \$500 for 6 months permit \$1000 for annual permit
Direct Seller	\$50	\$250
Independent Contractor	\$50	\$250
Fish Peddler	\$0	\$100
Resource Development	To be determined by WDC based on understanding for your business and scale of operations.	
Renewable Resource Development	To be determined by WDC based on understanding for your business and scale of operations.	
Manufacturing	To be determined by WDC based on understanding for your business and scale of operations.	
Events	No Fees; only a requirement to ensure health and safety for Trades selling food	



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Other	To be determined by WDC based on understanding for your business and scale of operations.
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Print

clearly in CAPITAL LETTERS



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1. Registration Type

New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>	Cancellation <input type="checkbox"/>	WUT Business Permit No.
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2. Wikwemikong Unceded Indian Reserve Band Member? Band Number : _____

YES ☐

NO ☐

3. Business Name

4. Mailing Address of Registrant

Last Name	
Fist Name	
Street No/Street Name	
City/Town	
Province	
Postal Code	

5. Type of Registrant

A. Sole proprietorship ☐

B. Partnership ☐

- | | |
|---|---|
| <input type="checkbox"/> Home Based Business | <input type="checkbox"/> Fish Peddler |
| <input type="checkbox"/> Storefront/ Retail/ Restaurant | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> Transient Trader | <input type="checkbox"/> Renewable Resource Development |
| <input type="checkbox"/> Direct Seller | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Events or Other |



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6. Give brief description/summary of the ACTIVITY being carried out under the business name including key products/services:

7. What are the estimated annual revenues if your business?

- ☐ Less than \$ 10,000
☐ Greater than \$ 10,000 but less than \$ 100,000
☐ Greater than \$ 100,000 but less than \$ 500,000
☐ Greater than \$ 500,000
☐

8. Does your business require on reserve construction/ property development?

YES ☐ NO ☐

9. If this a project that requires on reserve construction/property development, what are the estimated capital costs?

- ☐ Less than \$ 10,000
☐ Greater than \$ 10,000 but less than \$ 100,000
☐ Greater than \$ 100,000 but less than \$ 500,000
☐ Greater than \$ 500,000

10. Will your business provide employment opportunities to WUIR band members?

YES ☐ NO ☐

11. Will you be applying for CEDO Business Assistance?

YES ☐ NO ☐

12. Will you be procuring bank financing for your business?

YES ☐ NO ☐



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13. Please provide the names and contact information for key people operating your business:

Name	Role/Title	Phone Number	Email

14. Print name of person authorizing this registration/ *(either the sole proprietor, a partner or a person acting under a power of attorney)*

Last Name	First Name

Signature: _____