Folio:

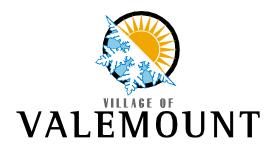


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## BUSINESS LICENSE APPLICATION/TRANSFER/RENEWAL. SHORT TERM VACATION RENTAL/BED AND BREAKFAST

Business name:		
Applicant Name:	Email Address	
Owner Name (If different from Applicant)	Email Address	
Hm Ph. #:	Wk Ph. #:	
Business mailing address:		
Business physical address:		
Applicant mailing address:		
Applicant physical address:		
Is this a renewal or transfer of an existing license? (Please		
Type of Business:		
Gross floor area of building:m	f/ft <sup>2</sup> Total lot size:	_m²/ft²
Does this residence contain a secondary suite?		
Number and type of washroom(s) provided:		
Number of Bedrooms Provided:	Total Capacity Proposed:	
Number of off-street parking spaces provided:		
Describe what (if any)modifications have been made since	e last business license renewal:	

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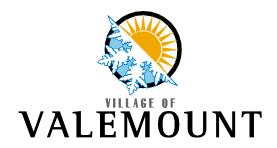
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## **SECTION 1**

Designated Manager Information (Section 1 is for Short Term Vacation Rental Applications only):		
As per Zoning Bylaw 610, 2007 (as amended), Section 4.12.5, "A designated manager of the STVR must be in the		
area and able to be contacted at all times."		
Name:	email address:	
Civic Address	Phone Number:	
Civic Address	Phone Number.	
SECTION 2		
Please include the following with your application:		
Copy of most recent Notice of Assessment		
Letter of Authorization from the Owner (as r	equired)	
The personal information on this form is collected under the authority of the Local Government Act/Community Charter for the purposes of processing this application, and is subject to the <i>Freedom of Information and Protection of Privacy Act</i> . Any questions regarding this collection should be directed to <a href="mailto:corporate@valemount.ca">corporate@valemount.ca</a> , or Village of Valemount Corporate Services, 250-566-4435.		
I hereby declare that the above statements and information provided in support of this application are, to the best of my knowledge true and correct.		
Signature of Applicant:		
Signature of Owner (If Different From Applicant):		
Dated this day of	, 20	
Please be advised of the following:		
<ol> <li>The above must be completed and signed applications will not be accepted.</li> </ol>	before the application process can begin. <u>Incomplete</u>	

- 2. Fees are due and payable upon approval of the application.
- 3. New businesses receive a 50% discount on their 1<sup>st</sup> year's license fee, provided the business started after August 1st of the year the application is made.
- 4. A business license expires at the end of the calendar year (December 31<sup>st</sup>), regardless of the date of application submission or approval.

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OFFICE USE ONLY	
Business Classification	Copy to Building Inspector
Present Zoning	Building inspection completed
OCP Designation	Fire safety inspection completed
Is proposed use permitted?	Permitted Capacity
No. of off-street parking spaces required	No. of off-street parking spaces provided
New Construction?	Change in Occupancy?
Approved by Northern Health	Copy to DOF (utilities)
Yearly Fee	Receipt No.
Business License No.	
Comments:	
Approved thisday of	, 20
□ CAO	
□ DCO	
	Signature

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