



Folio: _____

VILLAGE OF VALEMOUNT

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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 specify) _____

Type of Business: _____

Gross floor area of building: _____ m²/ft² 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 last business license renewal:

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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:

SECTION 2

Please include the following with your application:

_____ Copy of most recent Notice of Assessment

_____ Letter of Authorization from the Owner (as required)

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 *Freedom of Information and Protection of Privacy Act*. Any questions regarding this collection should be directed to corporate@valemount.ca, 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:

1. The above must be completed and signed before the application process can begin. **Incomplete applications will not be accepted.**
2. Fees are due and payable upon **approval** of the application.
3. New businesses receive a 50% discount on their 1st 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 31st), 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 this _____ day of _____, 20_____

CAO

DCO

Signature

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