



VILLAGE OF
VALEMOUNT

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BUSINESS LICENSE APPLICATION/TRANSFER/RENEWAL

Business name: _____

Applicant Name: _____ Email Address _____

Name of Property Owner (If different from Applicant) _____ Email Address _____

Hm Ph. #: _____ Wk Ph. #: _____

Business mailing address: _____

Business physical address: _____

Is this a renewal or transfer of an existing license? (Please specify) _____

Type of Business: _____

Are the Goods and/or services you provide sold directly from your residence? _____

If yes, do you have employees working from your residence? _____

Have there been any modifications to your building in the last year? _____

If yes, briefly describe modification(s) _____

Gross floor area of building: (if applicable) _____ m²/ft²

Gross floor area designated for business use (ie: office area): _____ m²/ft²

Number and type of washroom(s) provided: (if applicable) _____

Number of off-street parking spaces provided: (if applicable) _____

Number of seats in establishment (if applicable) _____

Dated this _____ day of _____, 20____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF OWNER, IF DIFFERENT FROM APPLICANT (Not Required for Renewals): _____

Please be advised of the following:

- ***The above must be completed and signed before the application process can begin. Submission of incomplete applications may result in processing delays.***
- ***Fees are due and payable upon approval of the application.***
- ***New businesses receive a 50% discount on their 1st year's license fee, provided the business started after July 1st of the year the application is made.***
- ***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	_____
No. of off-street parking spaces required	_____	No. of off-street parking spaces provided	_____
Is proposed use permitted?	_____	Change in Occupancy?	_____
New Construction?	_____	Approved by Northern Health	_____
Copy to DOF (Utilities)	_____	Receipt No.	_____
Yearly Fee	_____	Business License No.	_____

Comments:

Approved this _____ day of _____, 20__

- CAO
- CO
- DCO

Signature

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