

**BUSINESS LICENSE APPLICATION/TRANSFER/RENEWAL**

**\*For license renewals, complete only the section highlighted in grey\***

**Business name:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Property Owner Name (If different from Applicant) \_\_\_\_\_

Property Owner email address \_\_\_\_\_

Hm Ph. #: \_\_\_\_\_ Wk Ph. #: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

Business physical address: \_\_\_\_\_

Is this a new license, a renewal or a change to 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) \_\_\_\_\_ m<sup>2</sup>/ft<sup>2</sup>

Gross floor area designated for business use (ie: office area): \_\_\_\_\_ m<sup>2</sup>/ft<sup>2</sup>

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:**

- **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 1<sup>st</sup> 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, regardless of the date of application submission or approval. .**

Personal information you provide on this form is collected under the authority of the *Community Charter* and the Business License Bylaw and will be used only for purposes related to your application for a business license. Your name will be treated as public information. Your home address and telephone number will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Privacy Officer, 735 Cranberry Lake Road, Valemount, B.C., (250) 566-4435.

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**OFFICE USE ONLY**

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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	
Sign Permit Required?		Food Service - proof of grease trap cleaning provided	
Copy to DOF (Utilities)		Receipt No.	
Yearly Fee		Business License No.	

Comments:

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

- ☐ CAO
- ☐ CO
- ☐ DCO

\_\_\_\_\_  
Signature