

# Business Licence Application Form

Account #: \_\_\_\_\_

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> CHANGE OF LOCATION	<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> HOME-BASED
<input type="checkbox"/> CHANGE OF BUSINESS NAME	<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> NON RESIDENT	<input type="checkbox"/> INTER-MUNICIPAL LICENCE

## **SECTION A - BUSINESS INFORMATION:** (for change of location, please complete Section D on page 2)

**Business Location:** \_\_\_\_\_  
(Civic Address) Unit. Address City Prov. Postal Code

**Business Owner Name:** \_\_\_\_\_  
(Licencee Name)

**Mailing Address:** \_\_\_\_\_  
(If different than above) Unit. Address City Prov. Postal Code

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Operating Name:** \_\_\_\_\_  
(Trade Name)

**Mailing Address:** \_\_\_\_\_  
(If different than above) Unit. Address City Prov. Postal Code

Website: \_\_\_\_\_

## **EMERGENCY CONTACT PERSON** (For RCMP/Fire Emergencies ONLY - Must be able to respond within 30 minutes)

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Unit. Address City Prov. Postal Code

## **BUSINESS DETAILS:** (Licence Description)

Describe Business Activities: (please be specific) – **Proposed Commencement Date:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **SECTION B – HOME-BASED BUSINESS:**

How much floor space will be used for the business: _____ Sq. Ft. or _____ m2	Number of employees: (including business owners) Full time: _____ Part-time: _____
Will you have any goods or equipment stored on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the items: _____	Will you have any commercial vehicles stored on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
If you are applying for a daycare licence, how many children will be in your care: _____	Will you make any changes/renovations to the home to accommodate the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: (please note permits may be required) _____
Will you have clients on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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## SECTION C – COMMERCIAL/INDUSTRIAL BUSINESS:

What is the total floor area of the business (Sq. Ft. or m2)		
Retail: _____	Warehouse: _____	Total Floor Area: (Entire Building) _____
Office: _____	Child Daycare: _____	
Will you be making any changes/renovations to the premises/unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: (please note permits may be required) Building: _____ Plumbing: _____		If operating a restaurant/café, please provide: Number of seats in the restaurant: _____ <b>**Please contact the local Fraser Health Authority to obtain Fraser Health Approval</b> Will you be serving alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>**Please contact the Liquor &amp; Cannabis Regulation Branch to obtain approval</b>
Will you be installing and/or changing any signage: (Please note permits may be required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you sharing premises with another business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the business: _____
If you are applying for a commercial daycare, how many children will be in your care? _____		

## SECTION D – CHANGE OF LOCATION INFORMATION:

### Previous Location:

(Civic Address) \_\_\_\_\_ Unit. \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## SECTION E – FOOD TRUCK REQUIREMENTS

The following are required to process the application:

- Fire Department Inspection (GVFCA) decal for current year
- Fraser Health Authority Approval
- Liability Insurance
- Record of Installation Permit decal issued by Technical Safety BC if food truck utilizes gas appliances

## APPLICANT STATEMENT:

I/We the undersigned hereby make application for a Business Licence in accordance with the information as stated and declare that the statements are true and correct. I/we further undertake, if granted the licence applied for, to comply with each and every obligation contain in the bylaws now in force or which may hereafter come into force in the City. I/We further understand that all business licenses expire December 31 of each year and must be renewed each year. Every Business Licence is subject to review at any time and may be suspended or revoked for cause.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Please email your inquiries and/or application submissions to [licensing@pittmeadows.ca](mailto:licensing@pittmeadows.ca)**

"This collection of personal information is authorized under sections 26 (b) and (c) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). This information will only be used for business licensing purposes and to communicate with local businesses as necessary. Questions can be directed to Privacy Officer, 604.465.5454, [clerks@pittmeadows.ca](mailto:clerks@pittmeadows.ca)."

**\* A \$25.00 administration fee is required at time of application. (this fee will become part of the licence fee)**