

City of Pitt Meadows Filming Business Licence Application

12007 Harris Road, Pitt Meadows, BC V3Y 2B5 Phone: 604-465-5454 Fax: 604-465-2404

Account #	NEW A	APPLICATION	□ NAME CHANGE ONLY	
	☐ MAILIN	IG ADDRESS CHANGE ONLY	□ NEW LOCATION	
BUSINESS INFORMATION:				
Business Operating Name:				
Mailing Address:				
Unit	Address	City	Prov.	Postal Code
Phone:	Fax:	Cell: _		
Website:		Email:		
CONTACT PERSON (For RCMP/Fire	Emergencies ONL	Y - <u>Must be able to respond w</u>	ithin 30 minutes)	
Name:	Position:		Phone:	
Home Address:				
			Prov	Postal Code
Phone:	Email:			
APPLICANT STATEMENT: I/We the undersigned hereby make applicate true and correct. I/we further undertake, if gor which may hereafter come into force in the renewed each year. Every Business Licence Signature:	granted the licence appl he City. I/We further ur	ied for, to comply with each and evnderstand that all business licences	ery obligation contain in the base expire December 31 of each	ylaws now in force
Your personal information is collected und				
(FOIPPA). This information will be used for A \$25.00 administration fee is r OFFICE USE ONLY:	<u> </u>			uired by law.
LICENCE DESCRIPTION:		L	ICENCE FEE:	
APPROVED BY LICENCE INSPECTOR:			DATE:	
ISSUED INVOICE DATE:		ISSUED E	3Y:	