



City of Pitt Meadows Business Licence Application

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

Emailed to: Planning Fire Eng Health

Account # _____

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME CHANGE ONLY	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NON-PROFIT
<input type="checkbox"/> MAILING ADDRESS CHANGE ONLY	<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> HOME BASED	<input type="checkbox"/> INTERMUNICIPAL BUSINESS LICENCE

BUSINESS INFORMATION:

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: _____ Fax: _____ Cell: _____

Email: _____

Business Operating Name: _____
(Trade Name)

Mailing Address: _____
(If different than above) Unit Address City Prov. Postal Code

Website: _____

Property Managers Name: _____ **Phone:** _____

Home Address: _____
Unit. Address City Prov. Postal Code

Email: _____

Store Managers Name: _____ **Phone:** _____

Home Address: _____
Unit Address City Prov. Postal Code

Email: _____

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: Proposed Commencement Date: _____
(Licence Description)

Describe Business Activities: _____

Number of Employees <i>(including owners)</i>		Full Time:	Part Time:
Are tobacco products sold on the premises?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of vending machines on the premises:		Number of bank machines (ATM):	
Retail _____ m ²	Warehouse: _____ m ²	TOTAL FLOOR AREA: (Entire Building) _____ m ²	
Office: _____ m ²	Child Daycare: _____ m ²		

- Will any building alterations be done? Yes No (if yes please call 604-465-2460)
- Will any plumbing alterations be done? Yes No (if yes please call 604-465-2460)
- Will any sign installations or changes be done? Yes No (if yes please call 604-465-2460)

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 licences 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: _____

Your personal information is collected under the authority of Section 26(b) and 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). This information will be used for business licensing purposes and will not be disclosed to the public except as may be required by law.

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

OFFICE USE ONLY :

PROPERTY ZONED: _____ APPLICATION RECEIVED BY: _____ DATE: _____

LICENCE DESCRIPTION: _____
LICENCE FEE: _____
APPROVED BY LICENCE INSPECTOR: _____ DATE: _____
ISSUED INVOICE DATE: _____ ISSUED BY: _____