SCHEDULE "B" Business Licence Application

The Corporation of The Village of



BUSINESS LICENCE APPLICATION

Application Type: New Licence Non-Res	sident Auxiliary Licence Owner/Address Change								
Business Owner Information	Property Owner Information								
Business Name:	Name of Owner(s):								
Name of Owner(s):									
	Mailing Address:								
Street Address:									
Mailing Address:	Phone:								
Phone:	Email (optional):								
Email (optional):	Property Tax Roll/Folio No								
General Information									
To be completed for all Business Licence Applications									
1. Description of Business to be conducted:									
2. Size of premises to be occupied:	m^2/ft^2								
3. Previous use of space:									
4. Does your business conform to the Zoning Bylaw?	Yes No								
5. Is your business a Home-Based Business?	Yes No (if yes, confirm compliance with Zoning Bylaw)								
6. Does your business have off-street parking?	Yes No (if yes, number of stalls)								
7. Is your business a Mobile Restaurant,									
Itinerant Show or Entertainment?	Yes No (if yes, submit a copy of insurance policy)								
Authorization									
	dance with the above-stated information and declare that								
the statements are true and correct. I agree, if granted a licence, to comply with all relevant bylaws now in force									
or which may come into force in the Village of Telkwa.									
Signature of Applicant:	Date:								

Your personal information is maintained in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions regarding the use of your personal information, please call the Chief Administrative Officer for the Village of Telkwa at 250-846-5212.

FOR OFFICIAL USE ONLY

VERIFICATIONS

Use Permitted?	O Yes							
	O No							
	APP	ROVAL	.S					
APPROVING AUTHORITY	APPROVAL REQUIRED			APPROVAL RECEIVED				
Building Inspector	O Yes	0	No	0	Yes	0	N	
Fire Dept.	O Yes	0	No	0	Yes	0	N	
Licensing & Control Board (Liquor Outlet, Cannabis Dispensary)	O Yes	0	No	0	Yes	0	N	
Northern Health Operating Permit (Restaurant/Food, Personal Services)	O Yes	0	No	0	Yes	Ο	N	
Copy of Insurance Policy (Iterant Show/Entertainment, Mobile Restaurant)	O Yes	0	No	0	Yes	0	N	
Copy of Owner Consent (Mobile Vendor/Restaurant)	LICENC	F ISSI I						
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Business Licence #:								
Business Classification:								
Billing Class #:								
Licence Fee:								
Payment Received:								