

SCHEDULE "B" Business Licence Application

The Corporation of The Village of



BUSINESS LICENCE APPLICATION

Application Type: New Licence Non-Resident Auxiliary Licence Owner/Address Change

<p>Business Owner Information</p> <p>Business Name: _____</p> <p>Name of Owner(s): _____</p> <p>_____</p> <p>Street Address: _____</p> <p>Mailing Address: _____</p> <p>Phone: _____</p> <p>Email (optional): _____</p>	<p>Property Owner Information</p> <p>Name of Owner(s): _____</p> <p>_____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Email (optional): _____</p> <p>Property Tax Roll/Folio No. _____</p>
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General Information

To be completed for all Business Licence Applications

1. Description of Business to be conducted: _____
2. Size of premises to be occupied: _____ m²/ft²
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

I hereby make application for a business licence in accordance 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

Property Zoning: _____

Use Permitted? Yes _____

No _____

APPROVALS

APPROVING AUTHORITY	APPROVAL REQUIRED		APPROVAL RECEIVED	
Building Inspector	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Fire Dept. (Service Station, Accommodations)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Licensing & Control Board (Liquor Outlet, Cannabis Dispensary)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Northern Health Operating Permit (Restaurant/Food, Personal Services)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Copy of Insurance Policy (Iterant Show/Entertainment, Mobile Restaurant)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Copy of Owner Consent (Mobile Vendor/Restaurant)				

LICENCE ISSUANCE

Business Licence #: _____

Business Classification: _____

Billing Class #: _____

Licence Fee: _____

Payment Received: _____

APPROVED: _____

Licence Inspector

Date