



Business License Application Form

I/we hereby apply for:

- NEW LICENCE CHANGE OF ADDRESS CHANGE OF OWNER CHANGE OF TRADE NAME CHANGE OF DESCRIPTION

BUSINESS INFORMATION: Incorporated/Limited companies to provide copy of certification upon application.

Name of Business: Business Email: Business Phone: Business Address: City: Province: Postal Code: Business Mailing Address: Business Licence Number in Resident Municipality: Proposed Opening Date:

OWNER INFORMATION: (Please print neatly)

Owner Name(s): Owner Phone: (Incorporated Company Name (ie: Ltd or Inc) OR Proprietors Name) Owner Address: City: Province: Postal Code: Trade qualification number (if applicable) Non-profit Number (if applicable) Describe the Nature of Business in Detail: (if required please provide attachment with additional information)

PERSONAL INFORMATION: (Please print neatly)

Contact Name: Position: Daytime Phone: Secondary Phone: Daytime Email: Driver's Licence Number: Home Address: City: Province: Postal Code:

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, Sec. 26 (c) and will be used only for the purpose indicated. Business information will be shared with public via the City's open data and upon request. If you have any questions regarding this information please contact us at 604-820-3700.

NAME OF APPLICANT: DATE:

SIGNATURE OF APPLICANT:

Office Use Only: Licence Number: Classification: LICENCE APPROVAL: DATE: