

# DISTRICT OF Mission ON THE FRASER



I/we hereby apply for:

LICENCE #: \_\_\_\_\_

NEW LICENCE \_\_\_\_\_ CHANGE OF ADDRESS \_\_\_\_\_ CHANGE OF OWNER \_\_\_\_\_ CHANGE OF TRADE NAME \_\_\_\_\_  
 CHANGE OF DESCRIPTION \_\_\_\_\_

**FILL OUT IN FULL – DO NOT WRITE “SAME AS” OR “AS ABOVE”**

**PERSONAL DATA:** (Please Print Clearly)

NAME OF PERSON APPLYING: \_\_\_\_\_ POSITION: \_\_\_\_\_  
Owner/agent

HOME ADDRESS: \_\_\_\_\_ RES. PHONE: \_\_\_\_\_  
Street # and Street Name

\_\_\_\_\_  
City/Province Postal Code

**BUSINESS DATA:**

OWNER'S NAME/S: \_\_\_\_\_ OWNER'S PHONE: \_\_\_\_\_  
**(Use LTD. or INC. Company Name if Applicable)**

OWNER'S ADDRESS: \_\_\_\_\_  
Street # and Street Name

\_\_\_\_\_  
City/Province Postal Code

NAME OF BUSINESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_  
**Doing Business As**

ADDRESS OF BUSINESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_ TQ #: \_\_\_\_\_  
Street # and Street Name

\_\_\_\_\_  
City/Province Postal Code FAX: \_\_\_\_\_

DESCRIBE NATURE OF BUSINESS: \_\_\_\_\_

NUMBER OF EMPLOYEES (if applicable): FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

NUMBER OF EMPLOYEES WHO RESIDE IN MISSION: \_\_\_\_\_

SQUARE FEET OF FLOOR AREA USED BY YOUR BUSINESS (if applicable): \_\_\_\_\_

**HOME OCCUPATION:** YES \_\_\_\_\_ NO \_\_\_\_\_

*I have read the provisions pertaining to the regulations of home occupations and understand same* **INITIAL:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

ZONING: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ R \_\_\_\_\_ N/R \_\_\_\_\_ H \_\_\_\_\_

OCP DESIGNATION (for home occupations only) \_\_\_\_\_ Rural \_\_\_\_\_ Suburban \_\_\_\_\_ Rural Residential \_\_\_\_\_ Urban

LICENCE FEE: **\$148.00** COLLECTED AT TIME OF APPLICATION: YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPROVAL GRANTED: \_\_\_\_\_ DATE: \_\_\_\_\_

Licence Inspector

**RESTRICTIONS (TEXT):** \_\_\_\_\_

BLDG \_\_\_\_\_ RCMP \_\_\_\_\_ MAP \_\_\_\_\_ HEALTH DEPT \_\_\_\_\_ FIRE DEPT \_\_\_\_\_ ENVIRO \_\_\_\_\_ MAILED \_\_\_\_\_ GIVEN APPL \_\_\_\_\_

**OFFICE USE ONLY**

**Supportive Recovery Homes See LIC.20**

**PLANNING DEPARTMENT COMMENTS:**

APPROVED BY:

DATE:


**BUILDING DEPARTMENT COMMENTS:**

APPROVED BY:

DATE:


**FIRE DEPARTMENT COMMENTS**

APPROVED BY:

DATE:


**HEALTH DEPARTMENT COMMENTS:**

APPROVED BY:

DATE:


**RCMP COMMENTS:**

APPROVED BY:

DATE:


**DEVELOPMENT SERVICES – BYLAW ENFORCEMENT DIVISION**