



CITY OF POWELL RIVER BUSINESS LICENCE APPLICATION

Businesses operating in the City of Powell River are required to hold a valid business licence. The information requested in this application is necessary to fully evaluate your request for a business licence. Please refer to Business Licence Bylaw 2226 for definitions, regulations of business, tier categories and fees pertaining to operating a business within the City.

Completion of this form does not guarantee approval of a business licence.

Business shall not commence prior to a licence being issued.

- 1) Licence fees apply to a calendar year January 1 to December 31.
- 2) Licence fees are pro-rated only for new businesses commencing operation after July 31st.
- 3) Licence fees are non refundable.

APPLICATION TYPE (check all that apply)			
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Owner(s) <i>*proof of transfer required</i>	<input type="checkbox"/> Change of Business Name	
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Contact Information	<input type="checkbox"/> Change of Business Use	
<input type="checkbox"/> Business Closure	Date of Closure (<i>inc. signature</i>):		
BUSINESS INFORMATION			
BUSINESS NAME:			Zone:
LOCATION:			Folio:
Address:	City:	Prov:	Postal Code:
Tel:		Email:	
Website:		Emergency Contact Name:	
Manager:		Emergency Contact Phone:	
PROPERTY OWNER AUTHORIZATION FOR USE OF PREMISES			
Name:	Signature:	Contact #:	
BUSINESS OWNER/LICENCEE (legal or registered name)			
Name:	Tel:	Cell:	
Address:	City:	Prov:	Postal Code:
Email:			
BUSINESS DESCRIPTION		Sign Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Description of all operations)</i>			
Start Date: <i>(for business start, location change, owner or business name change)</i> _____		Number of Employees: Full-time: _____ Part-time: _____	

Continued on back

DATE STAMP
Staff Initial

Office Use Only:

Tier: _____

Licence No: _____

BUSINESS TYPE (check all that apply)		
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Food Services <input type="checkbox"/> Street Vending <i>(permit required)</i> <input type="checkbox"/> Home Based Business <i>(requires completion Appendix A)</i> <input type="checkbox"/> Consulting Services	<input type="checkbox"/> Contractor – Trades <i>(requires trades qualification number)</i> <input type="checkbox"/> Temporary Business <input type="checkbox"/> Door to Door Sales <input type="checkbox"/> Rental Accommodation <input type="checkbox"/> Professional Services <input type="checkbox"/> Personal Services	<input type="checkbox"/> Resident Business <input type="checkbox"/> Non Resident Business <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Seasonal Business <i>(max. 4 consecutive months)</i> <input type="checkbox"/> Child Care Facility <i>(HBB not more than 10 children)</i>
Mobile Business: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of vehicles used: _____</i> Seasonal Business: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what months? _____</i> <i>(max 4 consecutive months)</i> Special Event: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what dates? _____</i>	Do you have a Commercial Vehicle Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Commercial vehicle decals are required for business vehicle)</i> Commercial Space Details: Gross Floor Area: _____ sq ft No. of Plumbing Fixtures: _____ No. of Parking Spaces: _____	
Fuel Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No Financial Institution: <input type="checkbox"/> Yes <input type="checkbox"/> No Barber/Salon: No. of Chairs _____ Doctor/Dentist: No. of Doctors _____ Rental Accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of units: _____ No. of laundry units: _____ Registered Trade: <input type="checkbox"/> Yes <input type="checkbox"/> No Trades Qualification #: _____	Restaurants/Cafes/Pubs: No. of seats _____ Liquor Licence <input type="checkbox"/> Yes <input type="checkbox"/> No Food Primary <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor Primary <input type="checkbox"/> Yes <input type="checkbox"/> No Home Based Business <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If 'yes', requires completion Appendix A)</i> Dwelling area coverage: _____ sq ft Business area: _____ sq ft _____ % No. of parking spaces onsite: _____	

APPLICANT'S ACKNOWLEDGEMENT

I, _____ hereby make application for a licence in accordance with the particulars as stated and declare that the above statements are true and correct, and I undertake that if I am granted the licence applied for, I will comply with each and every obligation contained in all Bylaws now in force or which may hereafter come into force in the City of Powell River.

Signature(s): _____ **Date:** _____

The information on this form is collected under the authority of the Local Government Act and City Bylaws. The information provided will be used to process your application. If you have any questions about the use of this information, please contact the Business Licencing office at (604) 485-8614.

FOR OFFICE USE ONLY			
APPROVALS – Dept/Agency	Date	Approval	Restrictions
Building Inspection			
Fire Inspection			
Planning			
Liquor Licensing and/or Health Authority			
APPROVAL DATE:		Approved by:	