



Incorporated May 27, 1949

Village of Harrison Hot Springs

P.O. BOX 160, 495 HOT SPRINGS ROAD,
HARRISON HOT SPRINGS, B.C. V0M 1K0

MUNICIPAL OFFICE (604) 796-2171
FAX NUMBER (604) 796-2192
EMAIL: info@harrisonhotsprings.ca
WEBSITE: www.harrisonhotsprings.ca

BUSINESS LICENCE APPLICATION

COMPANY INFORMATION

Business Name _____

Business Civic Address _____

Contact Name _____

Description/Type of Business _____

Website Address _____ Email Address _____

BUSINESS MAILING ADDRESS AND INFORMATION

Mailing Address _____ Phone _____

_____ Cell _____

Owner Name _____ Fax _____

FOOD/LIQUOR SERVICES ONLY

Liquor licenced: Yes or No Licence No. _____

Health Inspection: Please attach copy of Inspection Report

OTHER INFORMATION

Is the above Business Location currently under construction and/or renovation? Yes or No

Fire Safety Inspection: Please attach copy of Inspection Report.

I/We _____, hereby make application for a licence in accordance with the particulars as stated above and declare that the above statement is true and correct. I undertake that if granted the Business Licence applied for, I will comply with each Bylaw now in force or which may hereafter come in to force in the Village of Harrison Hot Springs.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY (where applicable)	
Customer Code:	Business Type:
Folio No:	Zoning: Use is permitted:
Accommodation Services Only:	Number of Units:
Restaurants/Cafes Only:	Number of Seats:
	Sign Bylaw:
Approvals:	
Building Inspector	Fire Department:
Health Dept.	
Liquor Control Br:	Expiry Date:
Licence Inspector:	Date of Approval: