

BUSINESS LICENCE APPLICATION

NEW BUSINESS CHANGE OF LOCATION CHANGE OF OWNER CHANGE OF BUSINESS NAME OTHER _____

APPLICANT:	
(If applicant is not the business owner, a letter of authorization is required)	
NAME OF BUSINESS: (doing business as)	BUS PHONE:
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> REGISTERED COMPANY <input type="checkbox"/> REGISTERED SOCIETY	
TRADE QUALIFICATION # (if applicable):	NON PROFIT BN # (if applicable):
BUSINESS CIVIC ADDRESS:	
BUSINESS MAILING ADDRESS: (if different)	
EMAIL:	CELL PHONE:
OWNER'S NAME(S):	OWNER'S PHONE:
OWNERS ADDRESS:	
DESCRIBE NATURE OF BUSINESS:	

IS ANY CONSTRUCTION AND/OR RENOVATION TAKING PLACE OR PLANNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF CONSTRUCTION OR RENOVATION:	
PREVIOUS USE OF SPACE:	OPENING DATE:
WILL YOU HAVE A SIGN <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please complete the following where applicable:

TOTAL FLOOR AREA:	FLOOR PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL VEHICLES ON SITE:	# OF RENTAL UNITS:
HOURS OF OPERATION:	
HOME OCCUPATION <input type="checkbox"/> YES <input type="checkbox"/> NO (PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO)	
IF YES, WILL THE PUBLIC REQUIRE ACCESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOOD/LIQUOR SERVICES ONLY:	
LIQUOR LICENCE <input type="checkbox"/> YES <input type="checkbox"/> NO LICENCE #:	
HEALTH CERTIFICATE – ATTACH COPY OF VALID PERMIT	

I/we _____ hereby make application for a licence in accordance with the particulars as above stated and declare the above statement is 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 laws and bylaws now in force or which may hereafter come into force in the Village of Harrison Hot Springs.

SIGNATURE OF APPLICANT:	DATE:
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OFFICE USE ONLY:

BUSINESS CLASSIFICATION:		ZONING:	
NON-REFUNDABLE APPLICATION FEE: \$25.00		DATE PAID:	RECEIPT #:
CUSTOMER CODE:		FOLIO #:	
Accommodation Services Only	Number of Units:		
Restaurants/Cafes Only	Square footage:		
APPROVALS		DATE	
Fire Inspection:			
Health Department:			
Liquor Control Branch:			
Financial Officer:			
Fire Inspection Fee: \$75.00		DATE PAID:	RECEIPT #:
Business Licence Fee: \$100.00		DATE PAID:	RECEIPT #:
Business Licence Approved:		Date issued:	