

**Application Type**

**All applicable sections must be completed. Only complete applications will be accepted.**

For explanations of the fields in this application, see the [Business Licence Application Guide](#).

**New Business**

- New Business Licence

**Existing Business Licence**

- Change of Owner  
 Change of Business Location  
 Change of Business Name

495 Hot Springs Road  
Harrison Hot Springs, BC, V0M 1K0  
604-796-2171

[info@harrisonhotsprings.ca](mailto:info@harrisonhotsprings.ca)  
[www.harrisonhotsprings.ca/licencing](http://www.harrisonhotsprings.ca/licencing)

**Applicant**

*If you are not the business owner, a letter of authorization is required as part of this application.*

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Applicant is the Business Owner** *If not, please fill out the owner information below*

Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_

**Business Details**

- Proprietorship     Partnership     Registered Company     Registered Society  
Non-Profit BN #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Civic Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
*(If applicable)*

- Home Occupation?    Yes    No    Are you the Property Owner?    Yes    No  
*If no, a letter of permission from the property owner must be included.*

Describe the Nature of the Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Site Details

Please fill these in **if applicable to your business.**

Construction/Renovation taking place or planned?      Opening Date: \_\_\_\_\_

Will you have a sign? *If checked, please fill out a sign application form*

Total Floor Area: \_\_\_\_\_      Total Vehicle Stalls on Site: \_\_\_\_\_      # of Rental Units: \_\_\_\_\_

## Required Documents & Information

These requirements are determined by the approver based on business type. Please refer to the [Business Licence Application Guide](#) for more information.

Fraser Health Permit      Received: \_\_\_\_\_

Liquor Licence      Received: \_\_\_\_\_

Floor Plan      Received: \_\_\_\_\_

## Applicant Signature

*I/we hereby make application for a licence in accordance with the particulars as above stated and declare the above statements 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.*

\_\_\_\_\_  
Applicant or Business Owner  
(Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Office-Use Only

Zone: \_\_\_\_\_      Zoning Requirements Met?     Yes     No

\$25.00 Application Fee      Date: \_\_\_\_\_      Receipt #: \_\_\_\_\_

\$85.00 Annual Fire Inspection Fee

\$170.00 Semi-Annual Fire Insp. Fee      Date: \_\_\_\_\_      Receipt #: \_\_\_\_\_

\$42.50 Biennial Fire Inspection Fee

\$125.00 Business Licence Approved Date: \_\_\_\_\_      Receipt #: \_\_\_\_\_

Business Licence Approved      Date: \_\_\_\_\_      Signature: \_\_\_\_\_