

Development Services Business Licence Application



PART 1. NATURE OF APPLICATION			
Licencing Type			
<input type="checkbox"/> New	<input type="checkbox"/> Inter-Community	<input type="checkbox"/> Renewal	<input type="checkbox"/> Mobile Vendor <input type="checkbox"/> Change
PART 2. BUSINESS INFORMATION			
Name of Business		Date of Application	
Civic Address of Business		Licence Number	
Legal Description Lot	Block	Plan	PID Number
Business Floor Area	Number of Employees	Business Phone Number	
Home Occupation <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Vendor <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Designation	
Description of Business			
Owner: Last Name	First Name	Phone Number	
Email Address	Owner's Mailing Address		
PART 3. SIGNATURES			
<p>I hereby make an application for a Business Licence in accordance with the information contained and stated within and declare that the information provided is true and correct. I undertake that if I am granted the Business Licence that I applied for, that I am obligated to comply with all conditions and requirements of its approval, including City of Castlegar Bylaws and amendments thereto and in force. In accordance with the application checklist and advisement of City staff, I have included all necessary documentation and plans required for this approval.</p>			
_____ Name of Business Owner		_____ Name of Registered Property Owner	
_____ Signature of Business Owner		_____ Signature of Registered Property Owner	
_____ Date		_____ Date	

The personal information collected on this form is collected for the purposes of a development approval of the City of Castlegar as authorized by Section 26 of the Freedom of Information and Protection of Privacy Act. All information collected with this form shall be disclosed to the public upon request. Copies of any associated documentation submitted as part of this application becomes part of the local government's records and therefore subject to the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of information, please contact the City's Corporate Officer at (250) 365-8973.

This page must be returned

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FOR OFFICE USE ONLY		
Roll Number	Type of Business	Zoning Designation
Parking Requirments Met <input type="checkbox"/> Yes <input type="checkbox"/> No	Development Permit Area <input type="checkbox"/> Yes <input type="checkbox"/> No DP No:	
Development Variance <input type="checkbox"/> Yes <input type="checkbox"/> No	Use Permitted <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	
Building Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	Fire Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Sign Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	Encroachment Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	
Mobile Vending Operational Guidelines Met?		
Food & Beverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Retail <input type="checkbox"/> Yes <input type="checkbox"/> No	Interior Health Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Reciept of Application	Date of Issuance	Date of Completion

Total Fees \$ _____

Signature of Licensing Clerk: _____

Additional Notes: