Business Licence

Change Form

SQUAMISH
HARDWIRED *for* ADVENTURE

INFORMATION REQUIRED FOR ALL CHANGES:

Application Date: _____

EXISTING LICENCE INFORMATION:

Business Licence Number _____

Email Address _____

Trade Name _____

Trade Address on Licence _____

TYPE OF CHANGE:

☐ Location ☐ Legal or Trade Name ☐ Contact Information

Note: If you have **sold** your business, you need to cancel your existing business licence and the new owner needs to apply for a new Business Licence.

NEW BUSINESS DETAILS:

Company Name (if incorporated, a Certificate of Incorporation is required):

_____

Trade Name: _____

Business Address: _____

City: _____ Postal Code: _____

Mailing Address (include your PO Box): _____

City: _____ Postal Code: _____

Phone: _____ Email (required): _____

Business Licence No. in City/Town of Residence : _____

OFFICE USE ONLY:			
ZONING:		CLERK 4 AUTHORISED:	
NAICS CODE:			
BUILDING:		COMMENTS/CONDITIONS OF LICENCE:	
FIRE:			
VCH:		APPROVED BY BUILDING INSPECTOR:	
WATER:			
ELECTRICAL:		DATE APPROVED:	
PARKING:		BUSINESS LICENCE NUMBER:	

BUSINESS OWNER DETAILS:

Primary Business Owner – Full Name (please print): _____

Home Address: _____

City: _____ Postal Code: _____

Mailing Address (include your PO Box): _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Secondary Business Owner Full Name (please print): _____

Home Phone: _____ Cell Phone: _____

INFORMATION REQUIRED FOR NEW LOCATIONS:

BUSINESS DESCRIPTION AND OPERATIONAL DETAILS:

Number of Employees (working in Squamish): _____

Describe any changes to the nature of your business, including: activities involved; materials and equipment used; methods of operation; and any distinctive lines of products and/or services.

Trade Qualification or Provincial Registration Number: _____
eg Plumber, Electrician, Gasfitter, RMT, PT, DCM, VSA

Will your business create any discharge or emission of odorous, toxic or noxious vapours or matter, heat, glare, radiation, electrical interference or noise? ☐ No ☐ Yes

If yes, please briefly describe what they are and what steps you will take to mitigate them:

Will you be making any alterations to the new Premises? ☐ No ☐ Yes

If yes, have you applied for a Building Permit? ☐ No ☐ Yes

Are you proposing to post a Sign? ☐ No ☐ Yes

If yes, you must apply for a Sign Permit. Application forms are available at www.squamish.ca

INFORMATION REQUIRED FOR COMMERCIAL/INDUSTRIAL LOCATIONS:

LOCATION INFORMATION:

Required: Attach a floor plan including area measurements and the location of washrooms and exits.

Area of Business (in square metres) _____

Number of Off-Street Parking Spaces: _____

Number of Chairs: _____

Required for restaurants, hair salons, dentists, barbers, health spas and estheticians

LANDLORD INFORMATION:

Contact Name: _____

Company: _____

Contact Phone Number: _____

Incomplete Applications will not be accepted.

I/we the undersigned confirm as the business owner(s)/agent for the owner(s) that the above-noted information is correct and agrees to comply with ALL relevant provisions of the *Business Licence Bylaw*.

Name of Applicant (please print)	Signature of Applicant	Date

This form is used to collect business information for the purpose of processing a Business License application. Our intention is not to collect personal information but if collected, the collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The information collected will be retained and disposed of according to the District of Squamish *Records Retention and Disposal Bylaw* No. 2622, 2019 and the District of Squamish *Records Classification and Retention Schedule*. Please note that this information might be shared with third parties for enforcement purposes. If you have any questions, please contact the Information and Privacy Supervisor at 604-815-4948.

Completed forms can be emailed to businesslicence@squamish.ca or dropped off at Community Planning