Business Licence

Application Form - Commercial

SQUAMISH
HARDWIRED for ADVENTURE

Application Date: _____

TYPE OF BUSINESS (check one box only):

☐ Commercial/Industrial ☐ Portable Food Vendor
☐ Warehouse ☐ Child Care Facility (Commercial)
☐ Manufacturing ☐ Other _____

Do you wish to renew your Business Licence annually?
☐ No ☐ Yes

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 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: _____

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 DESCRIPTION AND OPERATIONAL DETAILS:

Type of Business: _____

If you are a Temporary business, what dates will you operate? _____

Have you previously held a Business Licence in Squamish? ☐ No ☐ Yes

If yes, what was your previous Business Licence Number: _____

Number of Employees (working in Squamish): _____

Describe 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 etc.

If your business is construction, please confirm the type of construction:

☐ Residential ☐ Non Residential ☐ Both

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

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: _____

Please list any person to whom you grant authority to make changes to your business Licence:

_____

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