Business Licence

Application Form – FILM PRODUCTION

SQUAMISH
HARDWIRED *for* ADVENTURE

APPLICATION DATE: _____

FILM PRODUCTION DETAILS:

Company Name _____

Production Name: _____

Business Address: _____

City:_____ **Postal Code:**_____

Mailing Address: _____

City: _____ **Postal Code:** _____

Business Phone: _____ **Business Email (required):**_____

Number of Employees working in Squamish (required): _____

CONTACT DETAILS:

Primary Contact – Full Name (please print): _____

Address: _____

City:_____ **Postal Code:** _____

Mailing Address: _____

City:_____**Postal Code:**_____

Home Phone: _____ **Cell Phone:** _____

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.
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.

_____ _____

Full Name of Applicant (please print) **Signature of Applicant**

Business Licence Fees are NOT deducted from your Film Deposit. You MUST pay your Business Licence Fee before you start filming.

OFFICE USE ONLY: NAICS 512110

Inspector signature:_____ Date: _____