

Application Form – NON-RESIDENT

TYPE OF BUSINESS (check one box only):

Commercial / Industrial

Film Production

Portable Food Vendor

Other

APPLICATION DATE: MM/DD/YYYY

Do you want to renew your Business Licence annually? No Yes NAICS Code (if known) _____

BUSINESS DETAILS:

Incorporated or Limited Company Name (must provide Certificate of Incorporation):

'Doing Business As' Name: _____

Business Address: _____

City: _____ Postal Code: _____

Mailing Address: _____

City: _____ Postal Code: _____

Business Phone: _____ Business Email (required): _____

Business Licence No. in City/Town of Residence (if applicable): _____

Have you previously registered this Business for a Licence in Squamish: No Yes

Previous Business Licence No.: _____

BUSINESS OWNER OR CORPORATE OFFICER DETAILS:

Primary Business Owner / Corporate Officer – Full Name: _____

Home Address: _____

City: _____ Postal Code: _____

Mailing Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Secondary Business Owner (if applicable) – Full Name (please print): _____

Home Phone: _____ Cell Phone: _____

OFFICE USE ONLY:

Inspector signature: _____ Date: _____

Business Licence No.: _____

BUSINESS DESCRIPTION:

Number of Employees (working in Squamish): _____

Describe in as much detail as possible 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, DCM, VSA

Portable Food Vendor Business – You are required to provide the District of Squamish with a Letter of Authorization from the property owner(s) of the property on which your vehicle is located. Please inquire about the Squamish Fire Rescue Mobile Vendor Information Sheet.

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 Licence Bylaw No. 2455, 2016 and other applicable district bylaws.

		MM / DD / YYYY
Full Name of Applicant (please print)	Signature of Applicant	Date

Please call 604.815.5014 for any queries. Complete applications can be sent to businesslicence@squamish.ca or dropped off at Community Planning

The information on this form is collected under the authority of the Development Procedures & Fees Bylaw (1446, 1997) and is used to process your application. If you have any questions about the collection and use of this information, please contact the Information and Privacy Coordinator at the District of Squamish on 604.815.5006 or email privacy@squamish.ca.

Paper copy only: Refer to scanned file for original email confirmations and correspondence