

Change Form (see over for Cancellation Form)



Date: _____

EXISTING LICENSE INFORMATION:

Business Licence Number: _____

Business Name on Existing License: _____

Email Address: _____

Business Street Address on Existing License: _____

NEW LICENSE INFORMATION:

New Legal Name

New Trade Name

New Phone Number

New Email Address

New Mailing Address

Postal Code

New Street Address

Postal Code

New Business Type (describe how the nature of your business has changed):

Business Location Type:

Commercial/Industrial

Home Based

Out of Town

Total Square Footage of Business Area: _____ Number of Parking Stalls: _____

Confirm No. of Employees: _____

Restaurants Total # of Seats: Interior: _____ Exterior: _____

Hair Salon, Esthetics, Barber or Health Spa Number of Seats _____

Will you be carrying out any structural alterations at your new location?

If so, you may need a Building Permit. Please contact the Building Department at 604-815-6872

APPLICANT SIGNATURE:

Print Name

Signature of Business Owner

Date

SIGNATURE OF LANDOWNER (Required for All New Locations) _____

Complete applications can be sent to businesslicence@squamish.ca or dropped off at Community Planning

Office Use Only

Zoning: _____ Planner signature: _____ Date: _____ **OR** date of email confirmation: _____

Inspector signature: _____ Date: _____ **OR** date of email confirmation: _____

If Applicable: VCH (Date) _____ Fire (Date) _____ Building (Date) _____ Electrical: (Date) _____

Notify Utilities? _____ MAIS and Roll Number Updated? _____

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