

Application Form – FILM PRODUCTION

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

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.

Full Name of Applicant (please print)

Signature of Applicant

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

OFFICE USE ONLY:

NAICS 512110

Inspector signature: _____ Date: _____