

BUSINESS LICENCE APPLICATION FORM

I/we hereby apply for:

NEW LICENCE _____ CHANGE OF ADDRESS _____ CHANGE OF OWNER _____
CHANGE OF TRADE NAME _____ CHANGE OF DESCRIPTION _____

BUSINESS INFORMATION: *Incorporated/Limited companies to provide copy of certification with this application.*

Name of Business: _____

Business email: _____ Business phone: _____

Business address: _____ Unit: _____ City: _____ Province: _____ Postal code: _____

Business mailing address (if different from above): _____

Proposed opening date: _____

Owner Information:

Owner name(s): _____ Owner phone: _____

(Incorporated company name (i.e., Ltd. Or Inc) OR Proprietor's name)

Owner address: _____ City: _____ Province: _____ Postal code: _____

Trade qualification number (if applicable): _____ Non-profit number (if applicable): _____

Describe the Nature of business in detail: (if required please provide and attachment with additional information)

Personal information:

Contact name: _____ Position: _____

Daytime phone: _____ Secondary phone: _____

Daytime email: _____ Driver's licence number: _____

Home address: _____ City: _____ Province: _____ Postal code: _____

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, Sec. 26 (c) and will be used only for the purpose indicated. Business information will be shared with public via the City's open data and upon request. If you have any questions regarding this information, please contact us at 604-820-3700.

Name of Applicant: _____ **Date:** _____

Signature of Applicant: _____