DISTRICT OF CHETWYND
BUSINESS LICENSING AND REGULATION
BYLAW NO.906, 2009

"SCHEDULE B"

APPLICATION FOR BUSINESS LICENCE

Please PRINT in INK and complete all sections that apply to your business. Where there is insufficient space on this form to complete a section, please attach additional pages containing the relevant information.

The information provided on this form will be used to process your application. The information is collected under the authority of the *Community Charter* and Municipal Bylaws. For information about the use of this information, contact the FOI Coordinator during normal business hours at 5400 North Access Road, Chetwynd or by phone at 250 401-4100.

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1. APPLICATION

☐ New Business Licence Application

Transfer of business:
☐ Location
☐ Name
☐ Ownership

2. GENERAL INFORMATION

[Information in (a) to (d) is current information before a transfer of a Business Licence under (e)]

(a) Business Name and Address

Business Name: _____

Business Address (Location): _____

Business Mailing Address (if different from above):

_____

_____

Business telephone number: _____

(b) Owners Information

Name of Business Owner: _____

Address of Business Owner: _____

_____

Telephone: _____ Cell: _____

Fax: _____ Email: _____

Alternate Contact:

Telephone: _____ Cell: _____

(c) Manager or Agent Information

Business Manager OR Agent's Contact Information: (if different from above)

Name: _____

Address: _____

Telephone: _____ Cell: _____

Fax: _____ Email: _____

Alternate Contact:

Telephone: _____ Cell: _____

(d) Business Information

Description of Business Activity:

_____

_____

Number of persons working in the business: Owners: _____ Employees: _____

Have you previously held a business licence? ☐ Yes ☐ No If yes, year: _____

Jurisdiction where business licence previous held: _____

Has your business licence ever been cancelled, refused or suspended: ☐ Yes ☐ No

If yes, please provide details of cancellation, refusal or suspension:

_____

_____

(e) Transfer of Business Licence

[Complete the appropriate section below for the transfer of a Business Licence]

The Business Licence is being transferred as follows:

☐ New Name of Licencee: _____

☐ New Name of Business: _____

☐ New Business Location: _____

☐ New Mailing Address: _____

☐ New Business Phone Number: _____ Cell Phone Number: _____

☐ New Fax: _____ Email Address: _____

NOTE: Where a Business Licence is being transferred, section 6(b) below must be completed.

3. **BUSINESS CATEGORY** **(please check the box that appropriately describes your business)**

1. Barbers and Hairdressers ☐
2. Contractors ☐
3. Entertainment ☐
4. Financial ☐
5. Food Establishments ☐
6. Home Based Business ☐
7. Insurance and Real Estate ☐
8. Itinerants ☐
9. Manufacturing and Industrial ☐
10. Motor Vehicles and Equipment (Retail Sales) ☐
11. Pawnbrokers ☐
12. Professional Offices ☐
13. Publication and Publicity ☐
14. Rentals and Accommodation ☐
15. Retail Business ☐
16. Services ☐
17. Transportation ☐
18. Wholesale Business/Warehouse ☐
19 Unclassified – specify ☐ _____

4. **BUSINESS PREMISES**

Floor area in business premises: Square feet: _____ Square meters: _____

Floor area of business space in home: Square feet: _____ Square meters: _____

Total square footage of home: _____

Restaurant and Beverage Rooms: Seating Capacity (no. of seats): _____

5. **RENTAL UNITS**

Type of rental units: _____

Number of rooms: _____

6. **DECLARATION** **(all applications must be signed)**

IT IS AN OFFENCE TO MAKE A FALSE DECLARATION

(a) I declare that the above statements of facts are correct in accordance with the particulars of this application. Neither I nor my business has had any previous business licence revocation, suspensions or convictions with regards to the operation of any business. I agree to comply with all bylaws of the District of Chetwynd, the provisions of the Community Charter and all related Provincial and Federal Codes, Acts and Regulations.

_____ _____
Signature of Applicant Date

(b) I hereby agree to transfer (subject to municipal approval) my right and interest in Customer Identification No. _____, issued to me for the business licence known as _____
_____

to the above named applicant and I hereby surrender my licence for this business.

_____ _____
Signature of Transferor Date