



BUSINESS LICENCE APPLICATION

Box 159, 13211 Henry Avenue, Summerland, BC, V0H 1Z0

Telephone: 250-494-6451 Fax: 250-494-1415

Business Licences are Non-Transferable

TYPE OF APPLICATION (check all that apply) If Change of Ownership, previous business info:

New Business Change of Ownership Non-profit Mobile Licence (\$150 additional fee)

BUSINESS INFORMATION

Name of Business: _____

Nature of Business: _____

Business Location (Civic): _____

Mailing Address/Postal Code: _____

Business Phone: _____ Business Fax: _____ Email: _____

Business Start Date: _____

Are you renovating or altering the business premises? No Yes (building permit may be required)

Are you planning on signage of any kind? No Yes (approval is required before installation)

Is this a Home Occupation? No Yes

How many people do you employ? Full Time _____ Part-time _____

Your Business is: Sole Proprietor _____ Partnership _____

OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone No.: _____ Cell Phone: _____ Email: _____

I/we understand that it is illegal to carry on business within the District of Summerland until a Business Licence is approved and fees are paid, and that failure to do so could result in penalties. I also understand that payment of the Business Licence fee in advance does not guarantee approval. This information collected is for the purposes of processing this application and for administration and enforcement. The information is collected under the authority of the Municipal Act, Section 526 and the District's bylaw. If approved, I/we agree to abide by the bylaws of the Municipality and the laws of the Province of British Columbia and the Government of Canada. By submitting the Business Licence Application, the applicant hereby declares that all of the above information is correct.

With a Mobile Licence I understand that I/we must comply with the bylaws in every municipality. By purchasing a Business Licence, you are automatically a member of the Summerland Chamber of Economic Development and Tourism (SCEDT). If you prefer NOT to have information released to SCEDT, please advise: No, I/we do not consent to the release of information to SCEDT.

Signature of Applicant

Print Name of Applicant

Date

OFFICE USE ONLY

Licence No. _____ Code _____ Fee _____

Paying with Debit Card/Cash Pickup or Mail Date Fee Received _____

Mobile Licence input _____

APPROVALS REQUIRED: Faxed

____ Building/Planning _____ Date Approved _____ Comments: _____

____ Fire _____ Date Approved _____ Comments: _____

____ Interior Health _____ Date Approved _____ Comments: _____

Other/Comments: _____

____ Approved

____ Declined

Business Licence Inspector

Date