



DISTRICT OF SUMMERLAND BUSINESS LICENCE APPLICATION FORM

Application Type:				
<input type="checkbox"/> New	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Category
Business Information:				
Business Operating Name:				
Business Address:				Unit #
City:	Province:	Postal Code:		
Business Mail Address (If Different):				
Business Mail Address (If Different):				Unit #
City:	Province:	Postal Code:		
Business Description:			Business Floor Area:	
			Business Phone:	
			Business Email:	
			Business Fax:	
Business Website:			# of Seats (Restaurants):	
# of Employees:			# of Chairs (Hair Salon/Barber):	
# of Parking Stalls:			# of Rooms (Motel/Hotel):	
Will there be any proposed Signage? <input type="checkbox"/> Yes <input type="checkbox"/> No			Strata Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you renovating the business premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			Inter-Community Licence Add On (\$150) <input type="checkbox"/> Yes <input type="checkbox"/> No	
*For Home Occupation Businesses *				
Total Home Floor Area:			Floor Area of Business Area:	
Company Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will your business generate clients to the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Make(s)/Model(s):				
Property Owner Information (Limited Company or Person)				
Name				
Title/Position				
Address				Unit #
City	Province	Postal Code		
Phone			Email	
Applicant Information (If Different From Owner)				
Name			Technical Qualification #:	
Title/Position				
Address				Unit #
City	Province	Postal Code		
Phone			Email	

Applicant Signature: _____ **Date:** _____

I hereby make application for a license in accordance with all the information as above stated and declare that this is a true and correct statement and I further agree to comply with all the relevant Bylaws of THE DISTRICT OF SUMMERLAND.

Office Use Only

Rate Code:	Inter-Community: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Licence Fee:		
Licence Number:	Department	Approved	Date	Signature
Comments:	Building			
	Planning			
	Fire Dept.			
	Interior Health			
	RCMP			

Approved

Declined

_____ **Business Licence Inspector**

_____ **Date**

If you have any questions regarding Business Licencing in Summerland or about the Inter-Community Licence please contact us at one of the options below.

Contact Business Licencing Department:

Phone: 250-494-6451 ext. 3 or 4

Email: business@summerland.ca

In Person: 13211 Henry Ave, Summerland, BC