

DISTRICT OF SUMMERLAND BUSINESS LICENCE APPLICATION FORM

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

- I hereby make application for a licence in accordance with the particulars as stated in this application and declare the information in the application to be true and correct.
- I undertake to comply with all present and future Bylaws of the District of Summerland.
- I understand that I cannot commence business until such a time as a business licence has been approved and issued. If this application involves the use of premises for business purposes, the premise may not be occupied until it has been inspected by the authorities concerned and a business license issued.
- I understand that if I am no longer operating my business, it is my responsibility to cancel my license with the District of Summerland to avoid renewal fees and charges.

Date: _____

Information collected on this form is done so under the authority of the Freedom of Information and Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. Business Licences issued as a result of this application will be available to the public and relevant information will be shared with the Summerland Chamber of Commerce as part of the Chamber's Outreach Program. For further information regarding the collection, use, or disclosure of personal information, please contact the Corporate Services Department at 250-404-4037.								
Office Use Only								
Rate Code:	Inter-Community:	Yes No	Annual Licence Fee:					
Licence Number:		Department	Approved	Date	Signature			
Comments:		Building						
		Planning						
		Fire Dept.						
		Interior Health						
		RCMP						
Approved Declined		ss Licence Inspec	tor	_				

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

Applicant Signature: _____