

DAYCARE BUSINESS LICENCE APPLICATION

Please note application must be completed in full to be processed.

SECTION 1 – BUSINESS INFORMATION

Application Date: _____ Licence Number: _____
OFFICE USE ONLY
 Account Number: _____

Business Start Date: _____

This application is for a: New Business License Change of Ownership
 Change of Service Type Change of Location

Increase or decreasing capacity? Previous Capacity: _____ Updated Capacity: _____

How many Staff do you require? _____

Zoning of **residential** property:

A, RS, CD _____
 RTH, RRH, RA

Zoning of **commercial** property:

CD _____
 CC, NC P1, P2

Has Fraser Health been notified? Yes No

Please note: Daycares must contact Fraser Health Authority as part of the application process.

Form of ownership: Sole Proprietorship Corporation Partnership Non-Profit Society

Business Incorporated or Registered? Yes *If yes, a copy of the **Certificate of Incorporation** or **Statement of Registration** for the Business is required.*
 No

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Total floor area of Childcare Facility: _____

SECTION 2 - RESIDENTIAL DAYCARE INFORMATION *(commercial zoned daycares skip to section 3)*

Number of employees (including owner) living and working in the residence:

Number of non-resident employees working in the daycare:

Does your home contain a secondary suite? Yes No Decommissioned

*If your home contains a decommissioned suite, **proof of decommissioning** is required with application.*

CITY OF PORT COQUITLAM

Is there more than one accessory home business at this address:	<input type="checkbox"/> Yes (specify below)	<input type="checkbox"/> No
---	--	-----------------------------

Total floor area of the dwelling unit:

I/We confirm that the business address is the principal residence of the business owner.

SECTION 3 – LICENCEE INFORMATION

Licencee Information (Primary Contact):

Name:	Position:
-------	-----------

Mailing Address:

Phone:	Email:
--------	--------

Emergency Contact Name:	Emergency Contact Phone:
-------------------------	--------------------------

Emergency Contact Name:	Emergency Contact Phone:
-------------------------	--------------------------

[Nature/description of business](#) – Details of your daycare activities must include service type provided (eg: multi-age, infant-toddler, school care, etc), number of children in care, and any other relevant information:

IMPORTANT: This application will not be processed without the application fee. Please contact the Business Licensing Division for applicable fees.

All information gathered for business licensing purposes is managed in accordance with *the Freedom of Information and Protection of Privacy Act*. Business Licences are public records and are available for inspection on request at the City Hall Annex. The City also makes business licence information available in various publications on the City website and/or in hard copy format. If you do not wish your business information to be made available in any additional publications, a request in writing to decline publication must be received by the Business Licensing office.

SECTION 4 – APPLICANT STATEMENT

I/We the undersigned confirm as the business owner(s)/agent for the owner(s) that the above noted information is correct and agree to comply with all relevant provisions of the Business Bylaw No. 3725, Zoning Bylaw No. 3630 and other applicable City of Port Coquitlam Bylaws. It is also understood that the business owner(s) is/are responsible for the overall management of the business including staff while representing the owner(s)' business. Further, failure to meet these obligations may result in the business licence being suspended or reported to City Council for possible revocation.

Business Owner/Director #1 (person, corporation or society):

Print Name:

Signature:

Date:

Business Owner/Director #2 (person, corporation or society):

Print Name:

Signature:

Date: