

ACCESSORY HOME BUSINESS LICENCE APPLICATION

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

SECTION 1 – BUSINESS INFORMATION

Application Date: _____	Licence Number: _____
	<small>OFFICE USE ONLY</small>
	Account Number: _____
Resident Business Start Date: _____	
This application is for a:	
<input type="checkbox"/> New Business License	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Trade Name
Business type:	
<input type="checkbox"/> Home Office	<input type="checkbox"/> Tutorial Services
<input type="checkbox"/> Pet Grooming	<input type="checkbox"/> Home-based Personal Service
<input type="checkbox"/> Other (specify) _____	
Form of ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Society	
Business Incorporated or Registered? <input type="checkbox"/> Yes <i>If yes, a copy of the Certificate of Incorporation or Statement of Registration for the Business is required.</i>	
<input type="checkbox"/> No	
Business Name: _____	
Business Address: _____	
Business Phone: _____	Email: _____
Zoning of residential property: <input type="checkbox"/> A, RS, RD <input type="checkbox"/> RTH, RRh, RA <input type="checkbox"/> CD	
<i>Please note: Personal services and daycares must contact Fraser Health Authority as part of the application process.</i>	
Number of employees (including owner) living and working in the residence: _____	
Number of non-resident employees working in the residence: _____	
Type and Number of commercial vehicle(s) regularly parked at the residence: _____	
Number of visitors per day: _____	
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: _____	
Total floor area of all accessory home business use(s): _____	
Licencee Information (Primary Contact):	
Name: _____	Position: _____
Mailing Address: _____	
Phone: _____	Email: _____
Emergency Contact Name: _____	Emergency Contact Phone: _____

Nature/description of business – Details of your accessory home business activities must include type and nature of the activity, products produced or services rendered. If you will be producing goods on site, provide additional information about the method of production (materials, equipment), sale and distribution.

SECTION 2 – 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: _____

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.