CITY OF PORT COQUITLAM

Business Licensing
City Hall Annex (above the Bank of Montreal)
Port Coquitlam BC V3C 3G4
Tel 604.927.5238 Fax 604.927.5404
Email businesslicensing@portcoquitlam.ca

ACCESSORY HOME BUSINESS LICENCE APPLICATION

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

SECTION 1 – BUSINESS INFORMATION

Application Date: _____ Licence Number: _____

Account Number:

Business Start Date:

This application is for a: ❑ New Business ❑ Change of Ownership ❑ Change of Location ❑ Change of Trade Name

Business type: ❑ Home Office ❑ Tutorial Services ❑ Other (specify) _____ ❑ Pet Grooming ❑ Home-based Personal Service ❑ Bed & Breakfast

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

Business Incorporated or Registered? ❑ Yes ❑ No

If yes, attach copy of Certificate of Incorporation or Statement of Registration for Business.

Business Name:

Business Address:

Business Phone: Email:

Zoning of residential property: ❑ A, RS, RD ❑ RTH, RRh, RA ❑ CC, DD

Please note: Personal services and daycares must contact Fraser Health Authority as part of the application process.

Number of employees living and working in the residence:

Number of non-resident employees working in the residence:

Number of visitors per day:

Is there more than one accessory home business at this address: ❑ Yes (specify) _____ ❑ 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:

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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.