

ACCESSORY HOME 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: _____

Resident 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 *If yes, a copy of the **Certificate of Incorporation** or **Statement of Registration** for the Business is required.*
 No

Business Contact Information
Please Note: Business contact information is not considered personal information and will be released on request.

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Business Owner: _____ Position: _____

Mailing Address (if different than above): _____

Emergency Contact: To be used in an emergency situation only

Emergency Contact: _____ Emergency Contact Phone: _____

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

Zoning of residential property: A, RS, RD RTH, RRh, RA CD

Number of employees (including owner) 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): _____

Business Description

Nature/description of business – Details of your business activities must include type and nature of the activity, including products manufactured, stored, sold and services rendered

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 section 26(c) *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 or have any questions about the collection of your personal information contact the Business Licensing office at 604-927-5238 or businesslicensing@portcoquitlam.ca.